Clinical Lectures

DELIVERED AT

THE ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS,

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LECTURE III.

IRIDO-CHOROIDITIS.

GENTLEMEN,—In my last lecture I strongly insisted on the great importance of the energetic use of atropine in the treatment of iritis, so that the pupil may, if possible, be kept widely dilated, and the formation of firm and extensive posterior synechiæ prevented. For the latter are the most frequent cause of the obstinate recurrence of the inflammation, and of its extension to the ciliary body and choroid. This is partly due to the constant irritation which is maintained by the adhesions at the edge of the pupil; for they check and prevent the normal and free dilatations and contractions which occur with every change in the degree of illumination, as well as in accordance with the movements of the eye and the changes in the accommodation. But a still more frequent cause of recurrent iritis is the interruption in the communication between the anterior and posterior chambers, which occurs when the whole circumference of the pupil is tied down by adhesions; for then the proper balance of the intraocular tension in front and behind the iris is disturbed, which soon leads to stasis in the intraocular circulation, and is but too frequently followed by inflammatory complications of a more or less serious nature.

Although we constantly observe numerous varieties of irido-choroiditis, we may yet practically divide them into two principal classes, the typical cases of which are distinguished by well-marked differences. It must be clearly understood, however, that we often meet with mixed forms, in which some of the symptoms of each class are present.

In the first form, the disease generally commences with iritis, terminating in circular synechia; a portion of the pupillary area, perhaps, remaining clear and the sight tolerably good. Then there appear peculiar knob-like bulgings of the iris, which may be partial or involve its whole surface, and which are due to a collection of fluid behind the iris. The pupil, being completely adherent, cannot of course yield to the pressure of the fluid, but remains *in situ*, and is sunk back or depressed in the centre of the bulgings. If the latter are considerable, they protrude far into the anterior chamber, and their apex may even touch the cornea. Towards the periphery the sloping of the bulge is gradual, but towards the pupil it is steep and sudden. The iris is mostly discoloured and attenuated, its fibrillæ opened up, and on its surface are noticed a few dilated tortuous veins. The eye-tension varies according to the stage of the disease: at first it is generally normal, but then it often augments; finally, however, it diminishes more and more until the eye may become atrophied. If the refracting media remain sufficiently clear to permit of an ophthalmoscopic examination, we find the vitreous humour generally diffusely clouded, with floating or fixed opacities suspended in it; there are also, perhaps, inflammatory changes in the choroid, and an opacity at the posterior pole of the lens.

In the second form the anterior chamber is also very shallow, the iris much discoloured, and its fibrillæ indistinct and stretched; and large tortuous veins are noticed on its surface, which is very pathognomonic of stasis in the circulation of the iris and ciliary body. The pupil is completely adherent and more or less occupied by lymph. The whole plane of the iris is pushed forward, so that the anterior chamber is greatly diminished in size; but the pupil is on a level with the iris, and is not drawn back into a crater-like depression, and the surface of the iris is flat and not bulged forward into little knuckles. The advancement of the iris is not due to fluid behind it, but to the pressure of the lens and thick masses of exudation; for the capsule is more or less extensively and closely connected with the posterior surface of the iris by firm, dense, felt-like deposits of lymph. Although the lens may remain clear, the intracapsular cells generally proliferate and become opaque, the nutrition of the lens in the vicinity is impaired, and it but too often becomes cataractous.

In irido-choroiditis the inflammation may commence in the iris, and extend thence to the ciliary body and choroid; or the reverse may occur—it may begin in the choroid and only secondarily and at a later period invade the iris. At an advanced stage of the disease it is often difficult to determine which course it has pursued. The following data will, however, afford some assistance in arriving at a conclusion upon this point. If the inflammation began in the iris, we generally find the structure of the latter much discoloured, attenuated, and atrophied, there having been repeated attacks of iritis; cataract also is less frequent, and occurs only at a later stage. The impairment of vision is less, being at first chiefly dependent on the lymph in the pupil, and only subsequently on cloudiness of the lens or vitreous humour; whereas if the inflammation began in the choroid, there are marked symptoms of choroiditis, the vitreous becomes hazy, the retina perhaps detached, the eye-tension diminished, and the lens cataractous. The degree of sight and the state of the field of vision are usually much more affected than when the inflammation commenced in the iris. The opacity of the lens frequently begins at the posterior pole, whence it may gradually extend, or it may remain stationary for a long time. This is termed "posterior polar cataract," and its peculiar features are well shown in the first case, H. J——, a patient of Mr. Critchett's, who has kindly permitted me to present this and the next patient to you.

H. J——, aged twenty-five, has suffered from choroido-iritis for the last four years, which seems to be due to hereditary syphilis. The iris does not appear to have been much implicated, for there are but few and only slight posterior synechiæ, and neither its colour nor texture is very much altered. There are, however, opacities in the vitreous, and well-marked inflammatory changes in the choroid. The tension of the eyes has also been considerably increased, but is subject to variation, and has now diminished again. In the left eye you observe, far behind the pupil, a greyish opalescent opacity, which becomes very evident with the oblique illumination, and is then seen to be situated at the posterior pole of the lens. On examining it with the ophthalmoscope in the erect image, it appears as an irregular dark spot, which moves slightly in a contrary direction to that of the cornea when the eye is moved, proving that it is situated behind the turning-point of the eye. This form of cataract depends, as a rule, upon mal-nutrition of the lens due to lesions of the inner tunics of the eyeball, and is frequently observed in the later stages of sclerotico-choroiditis posterior, detachment of the retina, diseases of the vitreous humour, &c. Hence its presence should always arouse our suspicion of deep-seated disease, and lead us to make a careful examination of the condition of the deeper tunics of the eyeball. This form of cataract causes great impairment of sight from its being situated in the axis of vision. On ophthalmoscopic examination of the left eye, we find that, although the fundus is rendered rather indistinct by this opacity, we are yet able to distinguish considerable changes in the choroid, due to disseminated choroiditis; these changes are, however, less marked than in the right eye.

The right eye of the next patient (J. J——, also under the care of Mr. Critchett) affords an illustration of the second form of irido-choroiditis; the symptoms are, however, not very pronounced. He has been subject to attacks of recurrent iritis for the last sixteen years. You notice in the right eye that the iris is discoloured, its fibrillæ being atrophied and opened up; the pupil is small, irregular, and completely tied down by a circular synechia, its area being to a great extent occupied by a thin film of lymph. The anterior chamber is extremely shallow, and the iris is pushed forward in one plane, the pupil not being depressed. There evidently exists a more or less dense layer of exudation between the capsule and posterior surface of the iris. He reads letters of No. 16 of Jaeger's types with this eye, and with a convex lens of ten inches focus deciphers letters

of No. 2. The field of vision is good, and the eye-tension normal.

In cases of obstinate recurrent iritis or of irido-choroiditis iridectomy should be at once performed. But as the tissue of the iris is often very atrophied and rotten, it may be impossible to obtain at once a sufficiently large artificial pupil, and hence it may be necessary to repeat the operation. If the tendency to a recurrence of the inflammation persists after the first operation, much benefit is often experienced by making a second iridectomy in the opposite direction to the first, so as completely to cut off the two halves of the iris from each other. We not unfrequently find that the sight is but little improved by an iridectomy, and on closer examination with the oblique illumination the artificial pupil is seen to be occupied by uveal pigment, which has become detached from the iris. Now the possibility of this should always be borne in mind when we give a prognosis of the probable result of the operation. In such cases, a second iridectomy should be made in another direction, in the hopes of obtaining a clear pupil. If not, the lens will have to be extracted, for the layer of pigment is generally so closely adherent to the capsule, that it is not safe to attempt its removal by scraping it, for fear of rupturing the capsule and producing a traumatic cataract.

In the second form of irido-choroiditis, in which thick masses of exudation are lodged upon the capsule, a simple iridectomy will not suffice. For we fail to remove a good portion of the rotten iris, and the attempt only sets up renewed inflammation and increased proliferation of the exudation masses. As it is generally quite impossible to remove the latter without rupturing the capsule and causing a traumatic cataract, which complicates matters still more, it is best, as Von Graefe has pointed out, to extract the lens before attempting the removal of the iris and exudation masses. A large incision is to be made downwards with Von Graefe's narrow cataract knife at the sclero-corneal junction, without, if possible, wounding the iris. But if the latter is much bulged forwards, the knife is to be carried boldly through it, which generally lacerates the capsule sufficiently to permit of the ready escape of the lens. If this is not the case, as much iris and false membrane should be torn away with a pair of forceps or a hook as will allow of the escape of the lens. Four or six weeks afterwards the artificial pupil should be made; the incision should be large, and a sharp-pointed hook be passed perpendicularly through the false membrane, and an opening of sufficient size torn in it.

As the success of the iridectomy and of the extraction of the lens in cases of irido-choroiditis is often invalidated by the contraction and subsequent closure of the artificial pupil, Mr. Bowman has devised the following operation, termed by him, "excision of the pupil," which has afforded favourable results. The puncture and counter-puncture may be made as in Von Graefe's operation for extraction of cataract (and with the same knife). The incision is not, however, concluded, but a narrow bridge is left standing at its apex, which aids in preventing the escape of the vitreous. The blades of a pair of fine scissors are then introduced through the first incision (the puncture), and the one blade (blunt-pointed) passed in front of the iris; the other, which is sharp, pierces the iris and anterior capsule of the lens, and running down in front of the nucleus, and without moving it from its bed, a cut is made diagonally downwards as far as the centre of the lower part of the iris. The scissors are then withdrawn, and next introduced through the counter-puncture, and a similar incision made on this side, so that the two incisions meet at the lower part of the iris, including between them a large triangular piece of iris as well as the constrictor pupillæ. Finally the base of the triangle is divided by cutting through the upper portion of the iris lying between the puncture and counter-puncture, and the whole triangular piece is then removed, as well as any false membrane attached to it, with a pair of forceps. The bridge of cornea is then divided, and the lens removed in the usual manner. The operation has been varied by Mr. Bowman in two or three ways, according to the cases dealt with. When there is no lens to be removed, the bridge of cornea is not divided, as the operation is already complete. Sometimes the cut across the base of the iris, or the third above described, is not necessary, as the triangular portion of iris, including the pupil and capsule, admits of being easily torn off along the ciliary attachment. It is when there is a very dense and tough capsule or false membrane behind the iris that the third incision with scissors is chiefly required, as avoiding the dangerous dragging of the ciliary structures. In other instances, the entire section of the cornea has been made at one stroke without leaving the temporary bridge.

Mr. Bowman has also applied the same mode of operating to cases of dense membranous obstruction of the iris region, where the lens has been previously removed, and to these he considers it to be particularly applicable, especially if its performance be delayed until all signs of inflammatory tendency have entirely disappeared.

AN EXPERIMENTAL INQUIRY INTO THE USE OF CHARCOAL RESPIRATORS AS A MEANS OF WARMING THE AIR INSPIRED.

By WILLIAM MARCET, M.D., F.R.S.,

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I FIRST advocated, in January last, the use of charcoal respirators as a means of purifying the air breathed by patients suffering from affections of the lungs and air-passages. My present object is to give this kind of respirator an additional importance, by showing, experimentally, that it possesses in a high degree the power of warming the air taken into the lungs of the person who wears it.

At first sight, charcoal being a bad or indifferent conductor of heat, it would appear that its power of warming the breath, when used in the form of a respirator, can be but slight. Such, however, is not the case; and I find that it acts in that respect rather better, or, to say the least, as efficiently as a well-constructed metallic respirator. Hence I can confidently recommend charcoal respirators as those best suited in every respect for the relief and treatment of pulmonary, laryngeal, and pharyngeal affections.

In the following experiments I employed an ori-nasal respirator, so constructed that the air for respiration passed freely through a thickness of $\frac{7}{16}$ in. (or nearly $\frac{1}{2}$ in.) of tight-packed fragments of charcoal. The respirator fitted closely to the mouth and nose, so that the whole of the air breathed found its way through it. The centre of the respirator was perforated in order to admit the stem of a thermometer through it, the instrument blocking up the hole. Thus the bulb of the thermometer could be inserted into the mouth through the respirator without interfering with its action, as respiration could be carried on through the charcoal the same as before.

My thermometer was very carefully made by Casella, and divided into fifths of a degree centigrade, allowing of 0·1° to be estimated (the degrees have been tabulated in the Fahrenheit scale). I read the instrument without any difficulty with the assistance of a looking-glass placed at a certain angle close to the stem of the thermometer, and which reflected it to my eye. By this means the rise and fall of the mercury could be clearly and accurately observed while the bulb of the thermometer was in my mouth.

The temperatures obtained are given in the form of a table appended to the present communication. In every experiment they were taken as follows:—

1st. The temperature of the air.

2nd. That of the air in the mouth kept slightly open, breathing being carried on through it at the time. Great care was taken that the bulb did not come into contact with the tongue or palate, so that the temperature of the air in the mouth alone should be taken; and in every experiment the bulb of the instrument was kept as nearly as possible in the same position in the cavity of the mouth.

3rd. That of the air in the mouth through the respirator, the thermometer being in other respects as much as possible in the same condition as when the temperature of the air in the mouth was ascertained without the interposition of the respirator. I thus obtained the mean temperature of the air in the mouth while the respirator was in use. This mean temperature might also be expressed as the mean of the temperature between the minima and maxima of the

oscillations of the mercury during the inspirations and expirations; these oscillations amounting in ordinary breathing to about 2° Fahr., when the respirator was not worn, and about 0·7° when the respiration was carried on through the charcoal.

A statement of the difference between the mean temperature of the mouth with and without the respirator has appeared to me the best mode of representing the increase of warmth of the air breathed due to the action of the respirator. The present inquiry is, however, open to inaccuracy from three different sources. The first is the difficulty, if not the impossibility, of placing the thermometer in the cavity of the mouth respectively in the same condition in every experiment. The second is the cooling action of the cold external air on the lining membrane of the mouth, which of course reacts on the thermometer. The third is the cooling of the bulb of the thermometer from the evaporation of any moisture which may have condensed upon it.

These experiments cannot therefore be considered as absolutely correct. I believe, however, their results may be accepted, considering the object I have in view, which is exclusively practical. The result obtained is as follows: Six experiments were undertaken when the temperature of the air varied from 55·7° Fahr. to 40·1° respectively (in each experiment). The increase of temperature of the air while passing through the mouth during the act of respiration, due to the charcoal respirator, ranged from 8·3° to 11·5°. The additional warmth caused by a *metallic respirator* was 9·3° (Exp. 7); while that produced by a *charcoal respirator*, the experiment (No. 5) being undertaken under the same circumstances, amounted to 11·5°, giving 2·2° in favour of the charcoal. One experiment, however, is not sufficient to establish the priority of one respirator over the other, so far as their power of imparting heat to the breath is concerned; but supposing them to be equally available in that respect, the well-known property of charcoal of purifying air which is drawn through it, both from foreign gases and mechanical impurities, over so finely divided, is enough, I believe, to show the superiority of the charcoal respirator over the other.

It follows also, from the present experiments, that a charcoal respirator will not only warm the cold air breathed out of doors, but will also impart additional heat to the air of a room comfortably warm, although considerably under the temperature of the body; and it is questionable whether, in certain cases of excessive irritability of the throat or bronchi, the in-door use of the respirator may not be attended with advantage. My experience is now tolerably extensive as to the out-door use of the respirator in winter time; a number of my patients at the Consumption Hospital are wearing them in cold or foggy weather, or to rid air of smoke or other impurities, and they all agree as to the comfort and benefit they experience from their use.

The charcoal respirators are manufactured by Mr. Roof, of No. 7, Willow-walk, Kentish-town; and I may add that I am in no way pecuniarily interested in their sale.

Harley-street, October, 1869.

Table of the Experiments.

	Temperature of air.	Temperature of air in mouth without respirator.	Temperature of air in mouth through respirator.	Increase of warmth due to respirator.
Exp. I.	55·7° F.	83·1°	92·1°	9·0°
II.	47·6	80·6	91·0	10·4
III.	45·5	79·5	87·8	8·3
IV.	45·5	79·7	90·5	10·8
V.	40·6° to 43·7	79·9	91·4	11·5
VI.	40·1	79·9	89·9	10·0
VII. (with metallic respirator*)	40·6° to 43·7	79·9	89·2†	9·3

* To be compared with Exp. V.

† Mean of two observations.

THE

DIAGNOSTIC VALUE OF ACCENTUATION OF THE SECOND SOUND OF THE HEART.

By J. MILNER FOTHERGILL, M.D.

ASSUMING that the second sound of the heart is chiefly due to closure of the semilunar valves, when arresting the backward flow of the blood-column on the arterial recoil, it is manifest that variations in the amount of pressure, increase of arterial elasticity, or want of it, the amount of obstruction to the flow forward, will entail changes in the sound produced, as well as that an altered condition of the valves themselves may alter the character of the sounds. Vegetations on the free edges of the valves will muffle the sound, or occasionally produce a "clanging" sound (Walsh, Fuller); while great thinness makes the sound ringing. The more ordinary variations, however, are due to variations in the pressure of the blood-column above the valves. In health the sound of the aortic valves, as heard at the junction of the sternum and second right costal cartilage, is the louder and more distinct, from the greater size of the aorta, and consequent greater blood-column and stronger recoil; and can be distinguished from the sound of the pulmonary valves at the second left costal cartilage (Da Costa), or still more clearly at the third left costal cartilage (W. T. Gairdner). The alterations of sound from the aortic valves are not so marked; partly from their being more deeply seated, and partly from the systemic circulation being seldom so impeded in all its parts as to produce sufficient increased pressure to alter the sound of the aortic sigmoid valves. The pressure of a tumour or aneurism of the ascending aorta could almost alone produce such pressure. It is with regard to the more superficial pulmonary sigmoid valves and their sound that we are chiefly diagnostically interested. Skoda has shown how mitral lesions, either regurgitant or obstructive, lead to pulmonary congestion and altered bloodvessels: the pulmonary artery becomes dilated and thickened, and recoils with increased energy, and, by increasing the pressure on the pulmonary semilunar valves, increases and intensifies the sound. He draws attention to this, along with hypertrophy of the right ventricle, as a means of determining the exact seat of a systolic murmur of the left side; but states that the conclusion, that it is due to disease of the left side, must not be drawn till the other causes of this condition be eliminated. Mitral disease frequently exists, however, where no perceptible loudness of the second sound can be detected; and an accentuation of the second sound may be found when there is no evidence of mitral disease, either from auscultation or from the pulse. Accentuation of the second sound may be only temporary, which cannot be the case with mitral lesions, whether obstructive or regurgitant. (Temporary mitral regurgitation may arise from irregular action of the papillary muscles; but of this we do not yet know enough to hazard assertions.) It will be found in all cases of pulmonary congestion, however produced, and is usually accompanied by increased dulness on percussion; shortness of breath, amounting to dyspnœa on exertion, and also by evidence of a labouring right ventricle. There is often bronchial expectoration also, probably due to effusion from the distended pulmonary vessels. In these conditions the "click" of the pulmonary sigmoid valves may be so intensified as to become a "snap," and to produce a positively disagreeable jarring sound on the ear of the auscultator. A few leeches placed over the roots of the lungs occasionally; hot poultices, faced with mustard, applied to the front and back of the chest at bed-time; rest, and general and special tonics to obtain an improvement in the ventricular contractions, will be found to relieve the general condition; and that improvement will be accompanied by a decrease in the accentuation of the second

sound, until relief of the chest symptoms and a normal sound are attained. At first sight it seems difficult to account for any improvement from acting on the ventricles by general and special tonics, as assuredly is the case. In these conditions the right ventricle is distended, and, where the pressure is long-continued, becomes dilated. At each ventricular contraction a greater volume of blood is thrown into the pulmonary artery, and thus an increased arterial recoil follows. The exhibition of general and special tonics, along with the relief afforded by the local measures, assists the ventricle to return to its normal condition and of a reduction of the ventricular cavity to its ordinary capacity. That this is possible even in a condition so advanced as dilatation seems probable. "In many instances I have known the physical signs of dilatation improve materially, and the general symptoms almost wholly disappear, after a course of iron has been steadily persisted in for three or four years." (Fuller.)

In, proportion, then as we find the second sound the more acute and loud, so we may suspect a greater degree of pulmonary congestion or obstruction. In chronic pulmonary disease, and in disease of the left side of the heart, accentuation of the second sound is a valuable index of the condition of the pulmonary circulation and of the patient's necessities in the way of treatment. Cardiac asthma, so-called, is really dyspnœa from pulmonary engorgement,—a disturbance of the balance between the pulmonic and systemic circulations; and varies from a mere shortness of breath to an intensity which threatens immediate death. Intensified second sound is a clear indication that the disturbance of the balance is persisting, and in its wake follow lesions certainly destructive to life. A restoration of that balance is most desirable, and, when attained, is accompanied by relief to the rational symptoms as well as to the physical signs.

Accentuation of the second sound is then, usually, the result of congestion or dilatation of the pulmonary vessels, and accompanies these conditions, whether temporary or permanent, and may be found without valvular disease of the left side; as may valvular disease of the left side of the heart exist without it, if the balance of the circulations be not much disturbed, and the lesion in the apparatus for arresting the backward flow of the blood—i.e., the insufficiency of the auriculo-ventricular valves—be not very pronounced. In regurgitation, this sign, taken in connexion with the loudness of the murmur, may furnish a clue to the amount of regurgitation; as to whether the loudness of the murmur be due to a large backward flow, or to a roughened condition of the free edges of the valves. In constriction, it may assist to determine whether the murmur is due more to obstruction or vegetations. In valvular disease of the left side of the heart, accentuation of the pulmonary second sound is an index that mischief is going on behind the lesion, and that destructive changes highly inimical to life are looming. Finally, accentuation of the second sound is usually found related to the pulmonary semilunar valves, and, when so related, is an index that the balance between the pulmonic and systemic circulations is disturbed.

Morland, Westmorland, Oct. 1869.

ON A CASE OF

EXCISION OF THE ANKLE-JOINT;

IN WHICH BOTH MALLEOLI, QUARTER OF AN INCH OF TIBIA, THE ASTRAGALUS, HALF THE OS CALCIS, AND THREE-FOURTHS OF THE SCAPHOID BONES WERE REMOVED; RECOVERY, WITH MOTION.

BY JOHN MULVANY, ESQ.,
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THE following case, possessing as it does many points of interest, may be deemed worthy of publication in THE LANCET.

A gentleman farmer, aged twenty-nine, towards the end of September, 1866, was thrown out of a buggy in consequence of his team running away. He sustained a compound dislocation of the ankle-joint. Three weeks afterwards he came under the care of Dr. Farrell, of Dunnville, Canada West, at whose request I saw the case. The joint was then enormously swollen. The malleoli were widely separated; the external one had passed through the soft parts, was carious towards its end, and surrounded by a suppurating circle one inch in diameter. A portion of dead ligament and bone were visible in the soft parts, acting as foreign bodies; these had been detached from the malleolus at the time of dislocation. The finger inserted into the wound came in contact with the polished external articular facet of the astragalus. The peronei were exposed and tightly contracted, turning the sole of the foot so much outwards that the inner edge rested on the bed, and the outer was turned almost vertically upwards. Immediately beneath the internal malleolus was a circular opening the size of a shilling, discharging copiously a thin oily-looking pus, through which a probe passed deeply in front of the joint, where an abscess was forming. The patient was suffering from retention of urine from reflex paralysis of the detrusors.

The necrosed bone was removed from the soft parts, the diseased malleolus excised, and the dislocation reduced by Dr. Farrell without difficulty; a cataplasm was then applied, the limb placed on a double inclined plane, the urine drawn off, and a dose of tincture of nux vomica and aromatic sulphuric acid prescribed. An immediate improvement followed.

The patient went into the country, and I lost sight of him until Oct. 31st, when Dr. Farrell again requested my assistance, and I went with him to see the case. The patient informed me that after the dislocation was reduced he went on very well for a fortnight, then the foot began to get painful, and gradually became worse. There was at this time a small sinus at the inner side of the foot, through which the probe passed to the head of the astragalus, which felt rough and carious. The apertures on each side of the joint had somewhat contracted; matter had formed in front of the external malleolus, half an inch below the joint. The patient was again suffering from retention of urine; complained of night-sweats, and had a hectic flush on his cheeks. The urine was drawn off, nux vomica again administered, and on the 2nd of November, the vesical functions being normally performed, we proceeded to operate.

The patient having been placed under chloroform, an incision was commenced on a level with, but in front of, the internal malleolus, and prolonged downwards into the sinus, thence downwards and inwards to the base of the metatarsal bone of the great toe, so as to be slightly concave inwards, corresponding to the curve of the inner edge of the foot. The finger introduced into the wound detected an enormous amount of disease, implicating not only the bones of the joint, but also the scaphoid to a great extent. Here was a predicament. To resect, according to a high authority, would be worse than useless. "Resection in cases of disease of the scaphoid," says Erichsen, "is useless. I have never heard of that operation being done, and I should imagine that if the scaphoid were excised the operation would be followed by total disorganisation of the foot." To amputate would cripple the young man for life, and, besides, would not be permitted. Fortunately, the advice of a French writer on this subject, whose name at the present moment I am unable to recollect, to "cut away diseased bone wherever you find it," recurred to my mind at the moment. Accordingly Dr. Farrell and I determined on giving the patient a chance of retaining a useful and symmetrical member, resorting to amputation if resection failed. The incision was accordingly prolonged one inch upwards, through the annular ligament. Another incision was carried inwards, over the tip of the malleolus internus, and outwards across the joint, taking care not to wound the dorsalis pedis. These incisions, owing to the swollen condition of the joint, were each about one inch in length. By steadily keeping the edge of the knife (a tenotome) in close proximity to the bones, the diseased structures were readily exposed, without the wounding of a single arterial twig. The internal malleolus was now removed, and the astragalus taken away with some difficulty. The tenotome was then insinuated between the scaphoid and internal cuneiform, and by pressing down the metatarsal bone the joint was so far opened as to admit the tip of a bone forceps, with which the bone was removed bit by bit to a line running from the inner edge of the second cuneiform to the inner and posterior angle of the cuboid where it articulates with the scaphoid. Next, the end of the tibia was made to partially protrude

through the wound, and, being diseased to one-eighth of an inch, a quarter of an inch of it was removed by a Hey's saw. The os calcis was next examined, and the diseased portion, as well as some of the sound bone (to make sure of leaving no disease behind), altogether nearly half an inch of its upper surface, was taken away. Nothing now remaining but healthy structures, the parts were carefully sponged, the edges brought together by a few sutures, water dressing applied, and the limb placed on a double inclined plane. Permanganate of potash was prescribed on account of the hectic symptoms.

The patient improved rapidly. By the middle of January he was able to walk with the help of a stick; and in June, 1868, he came to see me. By wearing a peculiarly constructed boot of his own invention, he was able to walk exceedingly well without any help. The foot presented the appearance shown by the accompanying engraving. The

ankle was strong, and, strange to say, was possessed of a considerable and increasing amount of mobility.

Remarks.—This case presents the following points of interest:—

1st. The unusually large amount of bone removed.

2nd. The safety with which the joint between the scaphoid and internal cuneiform, and the extensive synovial membrane (which not only lies between them, but also insinuates itself between all the bones of the tarsus, from the cuboid to the second and third metatarsal bones) were opened.

3rd. The disappearance of hectic, and the recovery without a single bad symptom, attributable, in my opinion, to the thorough extirpation of all diseased structures.

4th. Mobility.

The slight injury occasioned to the soft parts by the vertical incision and the two transverse ones was such as emboldens me to recommend this method to the consideration of the profession *in those cases where great swelling of the joint exists.* In the present case the only part of importance incised was the tendon of the tibialis anticus; the dorsalis pedis and other structures were easily pushed aside and avoided. Extensive gaping will result from the incisions, not sufficient perhaps for an expeditious operation, but enough for cautious and slow manipulation and removal of all diseased bone. If the external malleolus be not, as in this case, previously excised, it might be easily removed by a vertical incision, turning aside the peronei, and applying a bone forceps and knife.

Sept. 1869.

CASE OF SUPPRESSION OF URINE CURED BY THE EXTERNAL USE OF DIGITALIS.

By HOWARD D. REYNOLDS, L.R.C.P., M.R.C.S.

Mrs. ——, a strong, healthy woman, aged forty-seven, sent for me one evening, and on my arrival she complained of severe pain in the bowels and back, and that she had not voided more than a wineglassful of urine for the last six days. There was no distension of the bladder to be detected. Constant sickness prevailed, which of course I failed to arrest. Pulse 114 per minute; there was slight drowsiness, but no sleep. My patient thought that she had often suffered from gravel, but never required any medicine for it.

I immediately commenced my treatment, such as sweating, warm applications to the parts affected, and the internal use of digitalis, in one-grain doses, every four hours, up to the evening of the eighth day, without any satisfactory result, except that the pulse came down to 80 per minute. I then resolved to try digitalis externally, having heard J. D. Brown, Esq., of Haverfordwest, whose pupil I had been, and who was, I believe, the first who published a case of suppression treated by digitalis externally, mention a case many years ago treated in this way. I at once despatched two persons to collect some digitalis: although late in the evening, they returned with a great quantity. I immediately had the leaves made into a sort of pulp or poultice, by pouring boiling water over them, and applied the first poultice about 11 P.M., which was kept on four hours, when it was removed and a fresh one supplied. Two hours afterwards a pint of clear, pale urine was passed. A fresh poultice was again applied, and the patient was carefully watched. Plenty of urine continued to be voided, and the patient gradually recovered, and is now quite well.

Pembroke Dock, Oct. 1869.

THE CASE OF LEOPOLD I, KING OF THE BELGIANS.

By the late M. CIVIALE,
MEMBER OF THE INSTITUTE OF FRANCE.

To the Editor of THE LANCET.

Sir,—Accident has placed in my hands the case of the late King of the Belgians, drawn up by M. Civiale. The authenticity is undoubted; and as the case cannot fail to interest many of your readers, I offer it to you for publication in THE LANCET.

I am, Sir, yours &c.,

St. James's-place, Nov. 1st, 1869. WALTER J. COULSON.

The following case is worthy of attention in many points of view. It is the most difficult and instructive one that I have met with during the course of my long practice, and I feel that I may communicate it to the profession, although it refers to his late Majesty Leopold I., King of the Belgians.

Long before I was called on to attend the King, his Majesty had suffered under symptoms indicating disorder of the urinary organs, although the exact cause remained unknown. Retention of urine occurred. A catheter was introduced, and a small concretion came away in the eye of the instrument. Several other concretions (gravel) were subsequently discharged with the urine.

His Majesty then set out for Biarritz, but was compelled to stop on the way. The digestive organs became extremely deranged. The urine contained a quantity of mucus, was stained with blood, and voided with difficulty. These symptoms were relieved after some time, but they returned as soon as the journey was resumed, and were always aggravated by prolonged exercise.

About the end of 1861 his Majesty experienced a very severe attack in London. The surgeons who were consulted on this occasion were of opinion that the symptoms depended on calculus in the bladder, and Sir Benjamin Brodie recommended that I should be called in.

On the 1st of March, 1862, I paid my first visit to his Majesty at Lacken. I then ascertained from the patient himself that he had formerly suffered under stricture of the urethra, for which dilatation and cauterisation had been employed. It was evident, however, that some other cause was to be sought for the serious symptoms already alluded

to. The functions of the stomach, heart, bladder, and rectum were deranged, the pulse was intermittent, and the general health of the patient was very much impaired.

Although the existence of a calculus in the bladder was extremely probable, nothing but a complete examination of that viscus could decide the question. The exploring sound passed readily, and without exciting any pain, as far as the neck of the bladder; but here I felt an obstacle. I immediately elevated the extremity of the instrument, and then found that it had entered the neck of the bladder, though not without some difficulty. The slightest movement of the instrument excited pain, and some urine tinged with blood came away. Some tepid water was now injected into the bladder, and the injection was repeated. They were borne well. The actual existence of a stone in the bladder was not ascertained on this occasion; indeed I can hardly say that I searched for the stone, as it would have been imprudent to prolong the examination. A slight attack of fever, which continued for about half an hour, ensued, and was followed by copious perspiration.

March 3rd.—The examination was completed to-day, and I found that the bladder contained several calculi. I also ascertained the existence of a small tumour, seated near the neck of the bladder, and rather towards the right side. This tumour was painful, and bled whenever it was touched by the instrument. The prostate was somewhat enlarged, and the vesical orifice of the urethra was somewhat raised above its natural level and pushed slightly backwards. The cavity of the bladder was small, and hence the movements of the instrument in it were impeded.

I was requested to commence the operation at once; but the case was evidently a complicated one, requiring to be managed with caution. Any prolonged use of instruments might give rise to serious accidents. The complication arising from the presence of a tumour at the neck of the bladder required particular attention. The patient, moreover, was extremely weak, his rest much disturbed, and the pulse intermittent and hardly to be felt at the wrist.

I was desirous, for various reasons, that a consultation should take place; but Dr. Koepl gave me to understand that no consultation would be permitted. I had, therefore, to discuss alone with the State physician the following questions:—

"Is an operation urgently required?"

"If so, what operation are we to adopt?"

The length and frequency of the recent attacks, the progress of the local disorders, the gradual decline of the general health, all pointed to the necessity of relieving the bladder. The danger of the case could only be increased by delay. We both agreed on this point; and also on the inefficiency of internal remedies.

I had been brought to Brussels for the purpose of performing lithotrity; but was such an operation practicable? Undoubtedly it was. Was it to be preferred to lithotomy? Yes.

These two questions having been decided, other considerations presented themselves. Organic disease of the bladder existed, and the viscus contained several calculi; hence the treatment might be long, and the results of the manipulations dangerous. The existence of several calculi in the bladder was a circumstance which no operator should treat lightly; while the probable duration of the treatment should also be taken into account. If the patient's general health be unfavourable, and if the case cannot be terminated within the ordinary limits—which vary from fifteen to thirty-five days,—we have to apprehend accidents, or discouragement on the part of the patient. The tumour at the neck of the bladder was an unfavourable complication, calculated to impede the expulsion of detritus. The capacity of the bladder was diminished, and its walls were contracted—circumstances which must impede the manipulations. Finally, the difficulty of the case was increased by the catarrh of the bladder, and the tendency of that organ to bleed.

Lithotrity, therefore, if employed, was not altogether free from danger; and it was impossible to say that the operator might not be compelled to discontinue it. On the other hand, lithotrity was our sole resource. The general condition of the patient contra-indicated lithotomy; besides which the King expressed his determination not to submit to that operation.

Lithotrity, then, having been selected, I proceeded, according to my usual practice in these cases, to ascertain in what manner and how far the bladder will bear the contact and working of instruments. My rule, in these doubtful cases, is to make one or two cautious attempts to crush the stone. Should the manipulations cause much irritation, or be impeded by want of space in the bladder; should the calculus prove very hard, or the sittings be followed by rigors and fever,—then I renounce lithotrity, and substitute lithotomy for it. On the other hand, if the manipulations are borne well, if the pain and other unfavourable symptoms diminish in proportion as the treatment proceeds, then I continue the operation. In doubtful cases, where no positive indications can be obtained, this is the only rational method to pursue.

Having employed the usual preparatory treatment, I performed the first operation on the 12th March, 1862. This first sitting lasted two minutes. A very small quantity of detritus came away with the instrument, and other fragments were expelled with the urine; the immediate effects being highly favourable.

The next sitting, which took place on the 14th, was quite as short and as well supported as the first one; some more detritus was expelled; no fever worthy of notice.

(On the 17th, Dr. Koepl wrote to me as follows:—"Our patient is doing wonderfully well. The fever and palpitations have ceased; the pain can hardly be said to exist; the desire to make water is much less frequent.")

March 20th and 22nd.—Two more sittings, equally well borne, and followed by good results. So far the progress of the case was encouraging. The manipulations, instead of increasing the local pain, as we feared, relieved it in a remarkable manner, and the patient's general health improved so visibly that the prospect of a speedy cure might have been reasonably entertained.

April 3rd.—Fifth sitting. Some more detritus expelled; one fragment became impacted in the neck of the bladder for several hours, and caused some pain, but it was subsequently expelled. The general health progressed most favourably; the King was able to go out, and even to take long walks in the park.

13th.—The King, without having consulted anyone, drove to Brussels, gave several audiences, received the congratulations of the Court, and returned to Lacken after an absence of several hours. The pavement over which the King drove was in an abominable condition, and the effects of such imprudence soon manifested themselves.

14th.—A fragment presented itself at the neck of the bladder. I extracted it without any difficulty, but did not proceed further with the sitting, as the King's general condition had undergone an unfavourable change; and on the 16th the symptoms became so much worse as to excite alarm.

I visited the King on the 20th. The nature of the pains from which he suffered seemed to indicate irritation from a fragment; but it would not have been prudent to introduce any instrument into the bladder under symptoms which indicated a temporary suspension of the sittings.

23rd.—No change for the better has yet taken place. Nevertheless, I was urged to resume the sittings. "The pain," said Dr. Koepl, "is intolerable, the appetite giving way; the patient becoming daily weaker." I explained that it would be highly imprudent to operate while the bladder continued inflamed and irritated as it was; and when urged still further, I was compelled to refuse in a formal and positive manner. His Majesty appreciated the motives of my refusal, and the operation was adjourned.

May 4th.—Sittings resumed. Several fragments were extracted without much pain. The manipulations were borne well, yet the general condition of the patient was anything but favourable; appetite bad; sleep disturbed; great prostration of strength.

On the 5th, at two o'clock, the King was suddenly seized with an attack of suffocation, accompanied by swelling of the epigastric region. On perceiving how much I was cast down he told me not to be alarmed, as he had experienced many similar attacks before without any dangerous results having ensued.

These unexpected complications, however, made me decide on suspending the operation for some time. Events soon showed the prudence of this resolution, for the fits of suffocation were the precursors of a pulmonary attack, by which his Majesty's life was seriously endangered.

I was sent for again on the 7th, and remained at Lacken

until the 10th, but merely to please his Majesty, for any operation was out of the question. The lungs, heart, and rectum were attacked, one after the other, without any discoverable cause, and the spasmodic pains in the bladder recommenced as soon as the viscera became relieved. Thus, Dr. Koepl had written me on the 6th of May, "The chest is now relieved, but a frightful attack of the bladder has ensued." And on the 13th, "The bladder is now in a very favourable state; the urine passed copiously, and improved in condition."

17th.—I found the patient's lungs much improved, but another calculus had presented itself behind the neck of the bladder, and occasioned violent pain. Although hard, it was broken without any difficulty.

20th.—Another sitting. Results the same.

On the following day, some vesical spasms, resulting in the expulsion of a fragment.

The King had now been confined to bed for a month. He got up and attempted to walk about, but the effort was immediately followed by frequent desire to pass urine, with spasm and pain of the bladder during micturition—a miniature, in fact, of what occurred after the drive to Brussels on the 14th of May.

June 5th.—A fragment crushed and extracted easily.

6th.—Another sitting, followed by excellent results. The bladder bore the manipulations of this and of the previous sitting without any sign of irritation. The King informed me that during the three days which followed the last sitting he had remained quite free from pain. It was not until the fourth day that any local disturbance manifested itself. About this date Dr. Koepl wrote to me: "I am sorry to inform you that the King has been suddenly attacked by a violent pain in the left side of the chest, with oppression of breathing, cough, expectoration of blood, fever, &c."

23rd.—General condition again greatly improved; local pains less. The appearance of the patient seems to indicate that his disease has entered on a new phase. Several fragments crushed and some detritus removed.

25th.—Another sitting borne extremely well, and causing hardly any pain. The instrument can be moved more freely in the bladder.

27th.—A fragment presented itself at the internal orifice of the urethra, and was easily extracted; this was the last.

I examined the bladder most carefully on six different occasions during a period of fifteen days, and was enabled to declare that nothing more remained in that viscus. The final examination was made on the 17th of July, 1862. But, although the calculi had been removed, the natural condition of the bladder had not been restored. During the lapse of time just mentioned—i. e., for about three weeks—some functional disturbance of the bladder remained, and the patient suffered from pain in the rectum. Both the King and his physician (Dr. Koepl) seemed surprised at this; yet it was easy to understand how an organ which had been diseased for several years, and which had just been operated on, could not pass at once from a state of disease to a condition of perfect health. Lithotrity had removed the calculi, but it could not restore the bladder immediately to its natural conditions.

On August 2nd Dr. Koepl wrote to me: "Our patient is better; for some days the pain in the bladder has not been so constant as it was. ..... The patient is able to go out, and his general health is improving."

Four days afterwards, however, Dr. Koepl informed me that "a change had taken place for the worse, although the appearance of the urine had improved and the general condition continued to progress."

Again, on the 22nd August, Dr. Koepl wrote: "The injections and the remedies which we agreed to employ daily do not succeed. I have not yet explored the cavity of the bladder, for fear of accidents; nor am I sure that there is still a stone in the bladder, but I am convinced that we shall soon find one there if the production of phosphates goes on as it has been doing. The nature of the urine sometimes changes without any discoverable cause. It is now alkaline and muco-purulent."

On September 22nd Dr. Koepl wrote: "The King will proceed in state to Brussels on the 24th. His general health is very good, but I cannot say the same for the condition of his bladder."

I may here observe that the condition of the King's bladder, which had so frequently changed during the course of the case, was not quite so bad as it had been supposed to be; and I am confirmed in this by the fact that his Majesty was able to assist at the fêtes which are held at Brussels every year towards the end of September, and that he was able to receive deputations sent from all parts of the kingdom to congratulate him on his recovery.*

Remarks.—The treatment adopted in the case of King Leopold may be considered at three different periods.

The first period extends from the 1st of March to the 13th of April. It embraces the preparatory treatment, and the first six sittings. Nothing unusual occurred during this time. The diagnosis of this complicated case had not been established in a complete manner. We were compelled to feel our way, as it were. The manipulations, however, were of the usual kind, and were well borne by the patient. No serious symptoms arose. The general health, which had been much shaken, commenced to improve from the 12th of March, the date of the first sitting.

The second period extends from the 16th of April to the 17th of July. During this interval of three months various symptoms manifested themselves, and some of them were of a very serious nature. The physicians in attendance were occupied by the state of the rectum, heart, and lungs. The surgical treatment during this period was altogether a matter of secondary importance. The symptoms arising from disease of the different viscera involved the vesical portion of the case in inevitable confusion. If, however, we confine ourselves to the local treatment, we shall find that the case presented three of the most unfavourable circumstances which could well be united together. The number of the calculi prevented us from determining in any precise manner what the duration of the treatment would be. The organic disease and contracted condition of the bladder rendered all manipulations painful and difficult. The various attacks of the heart, lungs, &c., compelled us to suspend the surgical treatment from time to time. The prolonged treatment comprised sixteen sittings and eight explorations, either preliminary or final. The sittings never exceeded two minutes each; and hence the lithotrite was retained in the bladder during a period not exceeding fifty minutes in all. The courage of the patient was admirable; and he often endeavoured to communicate his own courage to the surgeon. Whenever the latter acts prudently and gently the sufferings of the patient are moderate, and unfavourable reaction is avoided. If we except the first sitting, patients generally find themselves better for a few hours, or even days, after each subsequent operation. Dr. Koepl remarked himself that the sufferings of our patient were much less for twenty-four to thirty-six hours after each sitting.

The third period in the history of this case comprises the relapse of the calculous affection, and the second operation rendered necessary by such relapse. Had the King been a simple mortal like ourselves, it is probable that this third period would have passed over and away without remark. The stone was small and friable. Three sittings sufficed to reduce it to fragments. The manipulations were perfectly well borne, as always happens when a patient has been already lithotrised. After the removal of this calculus the patient was more quickly restored to health, because the bladder was in a more healthy condition, and under the influence of the treatment previously employed. Every surgeon is familiar with the fact that a calculous patient recovers more rapidly after his second operation than after his first, and this applies to lithotomy as well as to lithotrity.

Relapse; treatment.—The fears which had been entertained concerning a relapse of the disease were realised. A new calculus was formed. Nine months subsequently to the

* Although I was perfectly convinced in my own mind, after the repeated examinations which I had made, that no remnant of the calculi had been left in the bladder, yet the persistency of certain functional derangements and the return of certain symptoms led me to propose that the bladder should be examined again. On the 2nd August, in a private letter, which was communicated to the King, I said to Dr. Koepl: "Allow me now to speak of our august patient. The improvement which has taken place was foreseen, and I am fully convinced that further progress will be made in proportion as we recede from the period of operation. You do not say anything concerning the injections which we had agreed upon to employ. It would be particularly unfortunate if they were neglected; because, if we consider the great quantity of detritus which has been evacuated, it may be a matter for consideration whether any fresh deposit of calculous matter has taken place or not. I am at the service of his Majesty for this." No answer was returned.

former treatment the King suffered, not any temporary derangement of the functions of the bladder and rectum, but the symptoms of vesical calculus. A celebrated surgeon was brought from Berlin. It is not known what he said or what he did, but certain it is that the symptoms became daily worse.

I had, during my former attendance on the King, been asked some questions relative to the condition of the patient by Sir James Clark, whom the Queen of England had sent over to Brussels. My answer may possibly have suggested the idea of sending to Brussels my friend Mr. Henry Thompson. The latter at once discovered a small, friable calculus seated near the neck of the bladder.

In order to calm the apprehensions of the King, he was given to understand that the stone was merely a fragment which had remained behind since the former operation, and had become fixed in the walls of the urethra. Mr. Thompson, however, in a letter which he wrote to me on the 12th of June, 1863 (the period of his operation), declared it to be his opinion—in which Drs. Koepl and Vimmer, the King's physicians, both joined,—that the calculus was one of new formation. The presence of this stone excited the ordinary symptoms, which rapidly increased, as is usual in cases of relapse.

Two sittings, at four days' interval, sufficed for the breaking up of this small and friable calculus. The chief portion of the débris was expelled with the urine; the remaining fragments were pulverised on the 18th of June, six days subsequently.

The operative proceedings do not appear to have been attended with any difficulty—at least Mr. Thompson does not allude to any in his letter to me, which concludes thus: "I trust, my dear Master, that you will approve of what has been done by your pupil. My sole desire is to furnish a fresh proof of the efficacy of lithotrity in a case which was not one of the easiest."

The convalescence was naturally shorter after this second operation than after the first. The local disease was milder; and as the manipulations were less numerous, the bladder was enabled to recover more quickly.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF ACUTE SOFTENING OF THE SPINAL CORD.

(Under the care of Dr. DUCKWORTH.)

THERE are probably no more melancholy cases of disease to be seen than those of the class of which the following is an instance. As so frequently happens, the patient was a fine strong young man, who had never had any previous illness; and there was no cause to be discovered for the attack which so rapidly occasioned his death. We are indebted to Mr. Henry E. Symons for the history.

O. D——, aged twenty-four, single, was admitted on the 20th of July, 1869, with paralysis of the lower extremities (complete as regards motion, partial of sensation), inability to pass urine, and incontinence of fæces. The partial anæsthesia extended downwards from a zone at about the level of the eighth or ninth rib. There was a large bed-sore involving both buttocks. This had followed the application of a large mustard poultice before admission. He was at first under Dr. Andrew's care, and was afterwards transferred to Dr. Duckworth. It seemed that four days before admission, the patient, who was on duty as gate-porter at Somerset House, noticed a sensation gradually come upon him as though his legs were asleep. He moved about to see if he could walk the sensation off, but it continued to get worse during the day. He managed to walk steadily but slowly home at six o'clock; but the sensation still progressed, and he went to bed early. He was able to move his legs during the night, but when he got out of bed next morning he found he was unable to stand or walk, except with the aid of two sticks. While he was trying to get about the room he noticed the left leg give way under him, and about ten minutes after the same occurred to the right leg, and he was obliged to be put into bed. He was still able to pass his urine, though indifferently; but his motions were passed involuntarily. A doctor was now sent for (Saturday morning), who ordered a full dose of castor oil, which acted freely; and at a second visit, the next day, he ordered a mustard poultice to the loins and both feet, to which reference has already been made. After this time the paralysis gradually and steadily increased until his admission. The patient states that he has always been a very healthy man, never having had a day's illness to his knowledge. Has led a moderate and steady life, and cannot refer his present condition to any recent or distant accident or muscular straining. There is no history of sexual excesses. Father and mother are both alive and healthy. His brothers and sisters are all living, and are also quite well. He was ordered a water-bed, a purgative, and some digitalis.

July 21st.—Passed a good night, sleeping five or six hours. His bowels have been open, and the motion was passed involuntarily; no urine has been voided. There seems to be some return of movement in the lower intercostal muscles, and the zone of impaired sensation seems to have receded some two or three inches. Pulse 100, regular; tongue moist, with brownish-red streak down the middle, covered with a brown fur over lateral surfaces, and the extreme lateral papillæ brightly injected; skin dry; temperature at axilla 100·4°, at perineum 100·3°; urine 1027, acid.

22nd.—Passed a very good night, having slept six or eight hours. Pulse 100, full and regular; skin moist; temperature at axilla 102·4°, at perineum 103°. There is still more expansion at the lower ribs.

23rd.—Slept for six or eight hours. Says he feels better. The sore on right buttock shows signs of healing; but that on the left is inflamed, and looks likely to suppurate. There is slightly improved common sensation; but motive power is still completely gone in lower extremities. Tongue moist, clean, very slightly furred; pulse 96, full and regular; skin moist; temperature at axilla 102·6°, at perineum 102°. The urine is still drawn off twice a day; quantity normal; acid; specific gravity 1025; no albumen.

24th.—Passed a very good night; tongue moist and clean; pulse 100; skin moist; temperature at axilla 101·6°, at perineum 102°. The paralysis of the lower extremities is the same. At the visit yesterday Dr. Andrew ordered linseed poultices and powdered ice to be applied alternately over the sore on left buttock every ten minutes.

26th.—Passed a rather restless night; bowels have not been opened since 22nd; tongue moist, red, and covered lightly with brown fur; pulse 128, regular, bounding, but easily compressed; skin moist; temperature at axilla 104·8°, at perineum 105·4°. Has had several attacks of bilious vomiting. The sores over the loins and buttocks are not so much inflamed. There is a fresh sore over the head of the right femur and trochanter major. The linseed poultices and powdered ice for ten minutes at intervals are kept constantly applied. The urine has been drawn off regularly twice a day; there has been no change either in quantity or chemical reactions until to-day. The urine was drawn off last night at seven o'clock and to-day. Twenty ounces were removed, which had the following reaction: Bright claret colour, smelling very ammoniacal; specific gravity 1020; very alkaline. Microscope: Blood-corpuscles very abundant, well defined, also radiating crystals of phosphate of lime and mucus.

27th.—Pulse 104, weaker than before, regular; tongue moist, very red and furred; skin moist; temperature at axilla 101·8°, at perineum 103°; bowels open freely to-day.

28th.—Pulse 84, moderate volume, regular; skin moist; temperature at axilla 100°, at perineum 101·4°.

29th.—Has been rather restless the last two or three nights, but slept better last night. Has been very drowsy during the day, being often found asleep when the visit is being made. Bowels have not been open since the day be-

fore yesterday. The urine has been drawn off regularly, and still contains blood, which is diminished in quantity. Temperature at axilla 101·6°, at perineum 102°. There seems to be slightly improved power in the lower intercostal muscles. The sores on the buttocks and over right hip are now suppurating, and discharge freely. The linseed poultices are kept constantly applied, but the powdered ice has been discontinued for three days. There is no improvement either in motive or sensitive power in the lower extremities. Appetite very bad; has scarcely eaten anything for four days. The bilious vomiting has now passed off, but he still has occasional retching.

30th.—Ordered two ounces of brandy. Tongue clean and moist; pulse 88, bounding, easily compressed. Temperature at axilla 103°; at perineum 99° (?).

31st.—Rest is much disturbed by disagreeable dreams. Sleeps and dozes a good deal during the day. Feels weaker, and has lost flesh considerably since his admission. The sores remain in about the same condition. There does not seem to be either improvement or loss of motive power or sensation. Bowels have not been relieved for four or five days. The urine still contains a good deal of blood, highly alkaline, sp. gr. 1016. Pulse 76, regular and soft. Temperature at axilla 101·8°; at perineum 103·2°.

Aug. 2nd.—Slept pretty well; feels better than usual; face somewhat dusky. The vomiting still persists; but he does not bring up bile as before. Tongue moist, with brown fur over dorsum; pulse 72, regular and soft. Temperature in axilla 100·5°. Bowels open freely (twice) after two calomel-and-jalap pills, and a senna draught. Ordered four ounces of brandy and ice.

3rd.—Feels better to-day; but is very weak. Sleeps a great deal during the day. He still vomits occasionally. Temperature at axilla 101·6°; at perineum 102°. Tongue red at tip and edges, with brown fur over dorsum.

4th.—The urine is still drawn off twice daily; but a good deal now escapes involuntarily, and contains blood as before. Temperature at axilla 100°; at perineum 101·4°. Pulse 92. Ordered four ounces of wine instead of brandy.

7th.—Pulse 100, feeble, regular; tongue dry, and streaked with a brownish fur. Temperature at axilla 98°, at perineum 100°. He is gradually getting weaker, and there is marked coldness of the extremities. There is still retching occasionally. Ordered essence of beef, porter (two pints), jelly, and ice.

9th.—Does not care to take the porter; says it makes him feel sick.

10th.—There has been constant retching, and to-day he has again brought up a considerable quantity of bile. He is much weaker, and is now very emaciated. His hands and feet are still cold. The whole of his urine passes from him, and does not require to be drawn off; it is exceedingly alkaline, of a deep yellowish chocolate colour, and contains a good deal of blood and also semi-purulent matter; specific gravity 1020. Tongue dryish, and covered with streaks of brown fur. Pulse 80, very feeble, regular. Temperature at axilla 97°, at perineum 99·6°.

11th.—Passed a very restless night, being kept awake by incessant bilious vomiting. He does not suffer any pain. He is unable to keep anything on his stomach, and all medicines as well as food are returned as soon as swallowed. The extremities are colder. The bed-sores have spread considerably the last few days, and their condition is as follows:—Those over both hips are sloughing; and those over the buttocks have formed one large, spreading, and sloughing sore over the sacrum. The tongue is now extensively ulcerated; it is moist and red, and covered with patches of brown fur. Pulse 92, regular, very feeble. Temperature at axilla 96°, at perineum 97·6°. The urine is of a dirty-chocolate colour, very alkaline; specific gravity 1016. The microscope shows a great abundance of blood-corpuscles, and mucus and pus (?) cells.

He died on the following day.

Autopsy.—On opening the spinal canal the dura mater was found adherent from the eleventh dorsal to the third lumbar vertebræ. No effusion or deposit of lymph anywhere. On examining the cord it was found to be softened from about three inches below the medulla oblongata to within an inch of the cauda equina. The columns were semi-diffluent, and the grey matter indistinctly seen till the firm portions were reached. The bladder was much thickened and softened, its mucous coat rugged, and of a dirty purple hue, and very coarse interlacing of bundles of muscular fibres traversed the interior. The ureters and pelves of the kidneys were also much congested; not so much so the latter organs themselves. It is remarkable that the action of the phrenic and intercostal nerves was not notably impaired.

METROPOLITAN FREE HOSPITAL.

INFECTION OF TWO MEMBERS OF A FAMILY FROM A NURSE-CHILD.

(Under the care of Dr. CHARLES R. DRYSDALE.)

CASE 1.—On Aug. 26th there was brought to the hospital by Mr. D. H. Dyte, two young girls, Martha ——, aged thirteen, and Esther ——, aged nineteen, for Dr. Drysdale's inspection and opinion. The youngest girl, Martha, the last affected, was found to be suffering from an indurated sore on the vulva of the left side, and from indurated glands in both groins; also from a papular syphilide on the thighs and abdomen; crusts in the hair, and mucous patches at the anus. This patient sleeps with her elder sister, Esther, and has been ill for two months with the sore on the vulva. Esther says that on April last she was bitten on the right lower lip by a child which her mother had taken to nurse, and which was a very ill-tempered or "fractious" child. This child is now twelve months old, and has been suffering from bad mouth ever since it was received as a nurse-child, twelve months ago. The bite on the lip, in April, bled a good deal, and about a fortnight after it occurred the lip swelled greatly, and became very hard, and shortly after the glands beneath the jaw became much enlarged and hard. The child had an eruption over its body shortly after birth, according to the report of the servant who gave it to Esther's mother. Its own mother was dead. On examination of Esther there is seen a roseolous eruption over the breast, and stains of the same at the nape of the neck. Her hair is thin. There is a papular syphilide on the pillars of the fauces, and the posterior cervical glands on both sides are enlarged. Genitalia not examined, but said not to be affected. This is a well-marked example of syphilitic infection of two girls, and were it to occur in Paris it would probably give rise to a trial for the recovery of damages from the parents of the child. Such cases are not of unfrequent occurrence in France, but seem hitherto to have been either hushed up, or misunderstood in this country, as we do not remember any such case to have come before our law courts.

CASE 2.—The following case seems extremely important, as showing how difficult it is to say when syphilitic parents may give birth to healthy children:—

Henry H——, aged three months and a half, was seen by Dr. Drysdale on the 31st of August, 1869. This child, its mother states, has had an eruption for the last two months. The child is pretty stout and thriving; but is covered from head to foot, and especially on the buttocks, with a dry, papular, syphilitic eruption, and with stains of *café-au-lait* colour on the face. The nostrils are much plugged up (snuffles); and this prevents the child from sucking well. The history is a very distressing one, as far as the children of the mother are concerned. The mother, aged thirty-seven, has been married twelve years; and, at the commencement of her married life, was affected with sore-throat, eruptions, falling-off of the hair, and for this took medicine for several months. Since that time she has been "quite well," as also her husband. Her first child, however, was born alive about two years after marriage; but died at the age of three months with an eruption *just like that on the child* now under treatment. The next child (twelve months afterwards) was still-born. The next lived seven months; but had not much eruption. Mr. Hutchinson, it appears, opened its body at Bow. The next child, aged four years and a half, is suffering from interstitial keratitis, and has had a portion of the left ala nasi eaten away by syphilitic sore. Such a case may well make one despair of laying down any general law as to the time at which a patient may hope to be able to be the parent of healthy and untainted children. According to the mother, both herself and husband were apparently in good health, and yet the children were affected.

Provincial Hospital Reports.

ROYAL SURREY COUNTY HOSPITAL.

SCIRRHUS OF THE BREAST; REMOVAL OF THE BREAST; NO RETURN AFTER TWELVE MONTHS.

(Under the care of Mr. J. M. BUTLER.)

FOR the notes of the following case we are indebted to Mr. T. F. Hopgood, house-surgeon.

Sarah C——, aged forty-nine, was admitted July 9th, 1868, suffering from scirrhus of the left breast. Upon examination, she was found to have a tumour the size of an egg in the left breast, tender upon pressure, painful at night, and drawing in the skin over it, unconnected with the tissues below, but having two enlarged glands in the axilla. Her general health is moderately good. To take a mixture of tincture of muriate of iron and quina, and in a few days to have the breast removed.

July 15th.—Breast removed, under chloroform, by an incision one end of which pointed upwards to the axilla to allow of the removal of glands. The skin being removed over the tumour, eight ligatures were employed, the wound brought together with silver sutures, and two pads applied; the wound was dressed with cotton wool dipped in carbolic acid lotion, a body bandage placed round this, and the arm brought to the side. To take five grains of opium pill at bedtime.

18th.—Going on well; little discharge.

23rd.—Breast healing fast; the last ligature came away to-day.

Aug. 11th.—The opening almost closed, but there is a small abscess by the side of the wound, which was opened.

20th.—Breast quite healed.

27th.—She was discharged cured.

The interesting point in this case is that, although the glands were enlarged, there has been no return of the disease up to the present time.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCT. 19TH, 1869.

DR. QUAIN, PRESIDENT, IN THE CHAIR.

THE PRESIDENT presented a copy of the new volume of "Transactions;" and directed the special attention of members to the regulations concerning the exhibition of specimens which have been printed at the back of the card of meetings sent to each member.

The first specimen was a Larynx blocked up by Cotton-wool. Dr. MORELL MACKENZIE, who showed the specimen, stated that the individual to whom the larynx belonged had blistered a very large portion of his body, under the belief that he had pleurisy; and had stuffed a large amount of cotton-wool, which was used to dress the raw surface, down his throat—though from his semi-lunatic condition the patient had been most carefully watched,—and so produced suffocation.

Dr. PEACOCK exhibited two cases of Malformed Heart, which call for no special remark.

Dr. ROBERTS and Mr. DE MORGAN were the joint exhibitors of an interesting case of Villous Disease of the Kidney. The patient had suffered from hæmorrhage as long as ten years ago, his last attack of the kind having occurred about six months since. The left pelvis of the kidney was found dilated, and contained what looked at first sight like pus; but this appearance was produced by the presence of a soft, whitish mass springing from the walls of the pelvis. The disease was at first thought to be cancer; but it turned out to be a villous growth attached by a pedicle near the lower third of the pelvis, and continued also over the surface of the pelvis as a thin layer. The mass was lobulated and villous in aspect; and, on microscopic examination, was found to be made up of a fibrous stroma, arranged in bundles, and enclosing nucleated cells. There was no abnormal condition of the urine discovered during life. The bladder was free from disease. Mr. De Morgan stated that Dr. Murchison had met with a case of villous disease commencing in the kidney and extending to the bladder, and in which, with a small amount of mischief, there was free and early bleeding.

Mr. HOLMES exhibited a specimen of diseased Os Calcis, taken from a woman who had been suffering for two or three years with symptoms of caries about the ankle-joint. There were sinuses on each side of the foot, a good deal of discharge from them, and much pain. Mr. Holmes tried to get away the disease by gouging. There was a general belief that these cases do badly because they are often complicated by disease of the tarsal bones or the neighbouring joints, the mischief not being limited to the bone. He, however, had seen many cases in which only one bone was diseased; in the present case the articular surfaces were intact, and he suggested that it would be good surgery to remove the whole of the bone, for by gouging away the diseased portion only, the parts around were considerably injured, and the disease was apt to increase after the operation; but this was avoided by complete excision. He did not believe the disease was in any way related to tuberculosis.

Mr. GAY wanted to know the present state of the limb in the patient from whom the bone had been removed.

Mr. HOLMES replied that now, four months after the operation, she can put the foot to the ground. She limps slightly, but the ankle-joint is free, and she gets about tolerably with the aid of a high-heeled boot.

In reply to a question from Mr. Nunn, Mr. HOLMES stated that the tendo Achillis unites firmly with the cicatrix, and thus obtains a firm point of attachment.

Mr. W. ADAMS believed the question of the pathology of these cases was an important one. Where a portion of bone inflamed in an unhealthy subject, the tendency was to limited necrosis. There was in the present case a loose piece of bone to be felt, and had the gouge been lucky enough to hit upon it, the piece would have been got away. The disease was not caries, but necrosis.

Mr. HOLMES fancied the loose piece was really made by the gouge.

Mr. DE MORGAN did not think the gouging operation a bad one, and he mentioned the plan of Dr. Kirkpatrick, of Dublin—viz., the application of the potassa cum calce—with approval.

Mr. W. ADAMS detailed the appearances presented by an unreduced dislocation of the head of the femur directly backwards, removed from the body of a man who had met with a railway accident, and whose right arm and leg were amputated for the mutilations produced. The man's condition did not permit of any prolonged attempt at the reduction of the dislocation, and this was abandoned till he should have rallied from the shock of the accident. But death occurred in the interim. The condition of the parts about the hip were as follows, and we give them in detail, as it is not often that an opportunity presents itself of studying cases of the kind. The head of the femur was dislocated directly backwards towards the spine of the ischium, on the base of which it may be said to have rested. The head of the bone had passed out of the acetabulum, between the obturator internus and the obturator externus muscles, and then glided directly backwards towards the spinous process of the ischium. The chief obstacle to the further progress of the head of the bone in a direction upwards and backwards, evidently was the tendon of the obturator internus muscle, which was tightly stretched across the upper part of the head of the bone. The ligamentum teres was ruptured. The obturator externus and the quadratus femoris muscles were both ruptured, the former through its centre, and the latter close to its attachment to the femur. The capsular ligament was torn through in its posterior half, being irregularly detached from its connexion with the thigh-bone, and the mass of the detached ligament remaining connected with the margin of the acetabulum, formed, as it became inverted, some obstruction to the return of the head of the bone into the acetabulum. The strong anterior half of the capsular ligament evidently formed the chief obstacle to the reduction of the dislocation, and it could with difficulty be stretched enough, when the great trochanter was everted, to allow of the head of the bone being elevated over the prominent posterior border of the acetabulum. The movement required to reduce the dislocation after death was, 1st, ex-

tension of the thigh in an oblique direction inwards; and, 2nd, a powerful rotative movement outwards of the thigh-bone upon its own axis, by which the head of the bone was directed inwards towards the socket, into which it slipped when the anterior portion of the capsular ligament was sufficiently stretched. It did not appear that any important muscular resistance could be offered to the reduction of the dislocation.

Mr. GAY exhibited the Bones of the Forearm, necrosed as the result of gunshot injury.

Dr. TILBURY FOX produced a specimen of Madura Foot, or Fungous Foot of India, of which he had become possessed through the courtesy of Dr. Shortt, of Madras. The specimen was a whole foot, much swollen and deformed, and presenting the appearance of a foot attacked by extensive caries. It was riddled with sinuses, the openings of which were situated in the centre of little prominences that studded the foot. Dr. FOX, believing the specimen to be a specially interesting one, had deferred examining it in detail, or mutilating it in any way, in order that the members of the Society might see it in its perfect condition; and he asked that a committee might be appointed to examine and report upon it.—Dr. MOXON and Mr. HOGG were consequently nominated for the purpose.

Mr. JABEZ HOGG exhibited a specimen of Encysted Orbital Tumour.

Dr. POUGLAS POWELL showed a Lympho-Sarcomatous Tumour of the Mediastinum, of considerable extent.

Mr. HEATH referred to the existence of a considerable plexus of vessels, described by Mr. Turner, in the mediastinum, which might influence the growth of tumours in that situation, and which was generally lost sight of by pathologists.

Mr. GEO. POLLOCK brought forward a specimen of Myeloid Disease of the Head of the Tibia. The case seemed to be one of abscess in the head of the bone; but on attempting to trephine, the knife slipped into the bone, and the finger then entered a large cavity shelled out of the bone, and whence serious bleeding came. The consent of the patient not having been obtained, amputation could not then be undertaken, the patient being under the influence of chloroform; but it was subseqnently performed.

Mr. GAY had a second specimen—Dry Gangrene of both Hands, following fever, in a lady thirty-six years of age.

Dr. ROBINSON'S first specimen was not forthcoming, "a cat, with a very depraved taste having entered the surgery and appropriated the same;" but he exhibited in place thereof a specimen of Syphilitic Cirrhosis.

Reviews and Notices of Books.

Cases of Syphilis treated without Mercury. By ROBERT DUNN, Esq., M.R.C.S., and CHARLES R. DRYSDALE, M.D. pp. 25. London: Baillière. 1869.

THE two gentlemen who father this pamphlet are known to advocate the extinction of mercury. The profession at large owes them thanks for bringing forward these cases, as in our time facts reign supreme. Unfortunately, the facts here adduced are set forth (as confessed by the authors in their preface) in an inartistic manner; and they are really strung together so loosely, so curtly, with so little regard to sequence, detail, and connexion, that they lose much of their value. Surely the authors, with such ample material, might, with a little trouble, have concocted a very respectable essay, which might have brought conviction to some minds; only to such minds, however, as are content with bare facts, and do not care to sift them in order to get at their actual value. In the present instance, such sifting would show that the symptoms of syphilis will gradually recede and disappear without any treatment in some cases; but this circumstance does not prove that, in certain other cases, the symptoms may not last indefinitely when no treatment is used, nor does it prove that the same symptoms would not have disappeared sooner if mercury had been used. That the outward signs of syphilitic taint may vanish without mercury was amply shown before Mr. Dunn and Dr. Drysdale were born; and the evidence brought forward by Rose and a host of others was certainly more formidable and better arranged than the proofs adduced by the authors of this pamphlet. And how came it to pass that, after such successful work, medical men (who certainly desire nothing more than to cure their patients) should have returned to the use of mercury? Simply because they *saw* its immediately beneficial results, and handled it in such a way as to do no harm.

But Mr. Dunn and Dr. Drysdale are doing good service. It is very useful to be shown in how many ways a given disease may be treated; the more knowledge we possess of this kind the better for our patients. It is advantageous to know that sufferers from pneumonia may get better without bleeding or tartar emetic; that rheumatism may disappear without the aid of alkalies; and that syphilis may be treated without mercury. In medical matters, as well as in morals or politics, we should ever bear in mind the opinion of Montesquieu: "Là sont la science et la vérité où toutes les opinions ont la parole." But medical men, with such facts before them, and with the results of their own experience of the power of remedial agents, must be allowed to judge for themselves. One line of treatment does not necessarily condemn another; and the sensible practitioner, not losing sight of his patient's temperament and the numerous circumstances connected with his habits, social position, &c., will use his judgment, and adopt the method of treatment sanctioned by good sense and reliable tradition.

That the authors are carried away by a kind of innate enmity to mercury is shown by the following assumption (p. 25):—"On the other hand, our note-book teems with cases where, the mother having once been infected, there seemed to be no likelihood of her again giving birth to healthy children. Not unfrequently this fact is accompanied by a history of the mother having taken much *mercurial treatment*"—(or, to speak more correctly, *much mercury*). So that infection is not enough; mercury must aid it.

Infant Life: its Nurture and Care. By E. N. G. With an Introductory Preface by ERASMUS WILSON, F.R.S. Small 8vo. pp. 54. London: Low, Son, and Marston.

IF we may take this essay as an example of the general character of the *Journal of Cutaneous Medicine*, from which it is reprinted, what are we to think of the editor's opinion of the education or the ability of those who read it? We presume, of course, from its title, that it is intended for medical readers, and speak of it under that impression. In his preface to the reprint Mr. Erasmus Wilson gives no clue to the removal of any doubt that may be felt on this subject; but he puts forth some half-a-dozen pages, all in very questionable taste, and interspersed with sundry gratuitous assumptions. We read, for example, that—

"Medical philosophers have long recognised the existence of diseases which depend entirely upon errors of nurture and care of infant and juvenile life; and the medical expression, 'preventable disease,' has recently come amongst us as a household word. Can it be true—and there is nothing more true—that scrofula, consumption, cancer, and a host of other affections are preventable diseases. Surely the man who could discover a cure for these terrible afflictions would deserve a Parliamentary grant,—a mural crown,—to be for ever held in loved remembrance by his country. Nay, the discovery has already been made without these rewards, has been published in every corner of our kingdom, is the daily thought, the daily care, the daily work, of many members of the laborious and beneficent profession of Medicine. But the truth is so patent that, as might be expected, our author-friend, the tender and watchful mother, has anticipated it instinctively; it is—*the healthy nurture and care of infant and juvenile life.*"

Now, putting aside minor blemishes of style or language—such, for example, as a compound "expression," not only "coming amongst us," but coming as a "household *word*"—such as the "mural crown" (why, in heaven's name, *mural?*)—such as the "*nurture*" of "*life*"—or such as "our kingdom,"—let us ask what Mr. Erasmus Wilson means by the passage we have quoted, and what he expects others to understand by it. It seems to contain five propositions: 1. That there are diseases which *depend entirely* upon errors of nurture and care of infant and juvenile life; 2. That these diseases are preventable; 3. That they include scrofula, consumption, cancer, and a host of others; 4. That a cure for them has been discovered, published, and is now being actively employed; and 5. That this cure was "anticipated" (when?) by the author of the treatise to which the preface is attached. Among these five propositions, is there a single one that rests upon ascertained facts, or that any practitioner who cared for his reputation could seriously advance or defend?

It would be breaking a butterfly upon the wheel to submit the treatise itself to any critical examination. It contains a great deal that is true, but hardly worth saying; and some common-sense injunctions about washing and dressing babies, all expressed in very "tall writing," and introduced by the statement that maternity is the chief office and crown of womanhood. For ourselves, we remember that, although all the women of England might be mothers, yet they cannot all be wives; and we place the proper development of mind and brain in a higher position than the most perfect possible accomplishment of the functions of the reproductive organs.

That Mr. Wilson should have printed such a paper in the pages of a medical journal is surprising, and that he should have now given it to the world with the addition of such a preface is still more so. He has lately been elected by the Royal College of Surgeons to the honourable post that his own liberality has created; and he owes it to the College, to the profession, and to the new dignity of his own position, to abstain from putting forth statements which he would find it impossible to justify, and which can serve no useful purpose of any kind.

Exercises in Practical Chemistry. By A. G. VERNON HARCOURT, M.A., F.R.S., Sec. C.S., Senior Student of Christchurch, and Lee's Reader in Chemistry; and H. G. MADAN, M.A., F.C.S., Fellow of Queen's College, Oxford. Series I. Qualitative Exercises. Oxford: Clarendon Press. 1869.

THIS new addition to the already numerous list of small books on Practical Chemistry does not exhibit quite so much originality as we should have expected from a chemist so original in his views and so sound in his knowledge as Mr. Vernon Harcourt. Yet it is a very good book, and it will be more likely to be generally useful than it would have been if an entirely novel arrangement had been adopted. It is extremely simple and elementary, so simple as to be almost meagre in places, is well written, and most sensibly arranged. No processes are described which could not be performed with perfect ease and safety by beginners, and a wise and somewhat rare regard is paid to the slender means of many young students of chemistry.

Part I. is devoted to experiments on the preparation and properties of substances. The usual section describes the simple manipulations of glass-working, solution, distillation, &c.; clear and full directions are given in another for the preparation of some of the more important gases; two more are occupied with the preparation and examination of reagents, and with blow-pipe experiments; while the fifth and longest describes the reactions of "the principal radicles and their salts." The arrangement here is somewhat novel, but is similar to that adopted by Professor Williamson. "Nitrates," "Ammonia," "Carbon," "Carbonates," "Sulphur and Sulphides," "Silver," "Potassium," and "Hydrogen," are samples of the headings to the sub-sections. We willingly admit the propriety of placing hydrogen among the metallic radicles; but we are inclined to add that, on similar reasoning, sub-sections should have been devoted to "oxides" and to "hydrates."

Part II. deals with the qualitative analysis of single salts. It presents no remarkable features, is accurate and clear, and, we think wisely, is confined to the simplest and most commonly occurring cases of analysis.

We can cordially recommend the book to students of chemistry. To those who are unable to command regular laboratory teaching, and in schools where rapid progress is, or ought to be, of less importance than the acquisition of sound knowledge, it will be invaluable. For the use of medical students we fear it is unsuitable. Their term of instruction is unfortunately so short, and the amount of knowledge they are expected to acquire in it so great, that they would be compelled to omit two-thirds of the exercises given in the book in order to find time for the toxicological, physiological, and pathological branches of chemistry which are of such vital importance to them. The course described by Messrs. Harcourt and Madan is, in fact, just what every medical student should have passed through before entering at the hospital. A student who had mastered Roscoe's "Elementary Chemistry" and Harcourt and Madan's "Practical Chemistry," before he came up, might become a sound physiological chemist before he took his degree.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

IMPROVED DOUBLE NOSE-PIECE.

THE microscope is such an important instrument to medical men, that we think it worth while to call attention to any improvement in its mechanism which can either add to its usefulness or diminish the expense to which workers may be put in perfecting their instruments. The illustra-

tion represents a double nose-piece (a modification of Brooke's), adapted to carry two objectives at the same time, so that the power can be immediately changed by merely turning the nose-piece round upon a central pivot, thus saving no little trouble and loss of time which must result from screwing off and screwing on different objectives. Steel pins are placed as stops, so that the proper adaptation of the objectives is obtained. This nose-piece is exceedingly neat and accurate in working, and—what is important to microscopists—less than half the price of the ordinary nose-piece. It is made by Mr. Collins, of 77, Great Titchfield-street, Portland-road, W.

THE Gateshead Town Council have been making strenuous endeavours to obtain from the Water Company which supplies the town a more ample supply in certain districts where the want of it is much felt, but apparently without any very great success.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 6, 1869.

THE staff of St. Bartholomew's Hospital must feel, we think, that the attention recently drawn to the management of the charity will require from them something more than a policy of masterly inaction. People not only think, but openly and loudly say, that the general character of the supervision, the excessive expenditure, the ill-treatment of the nurses, and the deficiencies of the school, must have been perfectly well known to the medical men. And the doctors at a great hospital have many duties to perform. They are placed by their offices in the highest ranks of the profession, which they in some sense represent; and they should freely acknowledge all that is implied in the phrase "*noblesse oblige*." The very suspicion that they can be unduly subservient to the successors of the man from whom honest ABERNETHY bought the pound of figs, is not only damaging to themselves, but to every, even the humblest, member of their calling. Yet what other reason than undue subservience can be plausibly assigned for their long endurance of, their long silence under, the system by which their out-patient department has been reduced to a useless and cruel mockery? What other reason can be adduced for their toleration of an expenditure of the funds of the hospital upon an infinite number and variety of London shopkeepers, instead of upon the wants of the sick poor? What other reason can be assigned for the arrangements of the school? Men of very high spirit would long ago have been moved to action by the position of their students at examinations, and by the general feeling of the profession about the wonderful geese that were every year described as swans in pamphlets of gushing testimonials. It is manifest that we have not to do with men of high spirit; but, this being granted, there still remains morality. That the funds of an hospital should be rightly expended, and its opportunities rightly used, are simply moral obligations upon all who are concerned with either; and the medical staff hold a position of responsibility in these matters, from which they cannot escape on any technical grounds, and which, at St. Bartholomew's, is doubled by the fact that the actual governing body is chosen without any regard to knowledge or fitness. The physicians and surgeons there have perhaps no domestic authority founded upon rules and bye-laws; but they have overwhelming authority by virtue of the importance of their offices. If they had combined to overthrow an abuse, no abuse, however originating or however defended, could have been maintained against them for a week. If they had insisted upon the necessity for any reform, that reform must have been conceded without delay. If they had represented that nurses are human beings, "flesh and blood like ourselves," requiring rest and oxygen, we should have heard nothing of twenty-three consecutive hours of duty, or of 370 cubic feet of dormitory space. If they had set forth, in the plain strong language that the case required, the impossibility that the out-patients and casualty patients could be properly attended without an increased staff, and an increase of accommodation, both of these must have been granted. It may be urged that it was their part first to try private remonstrance; but the state of St. Bartholomew's has long been notorious, and the season for private remonstrance has long ago expired. In the meanwhile the staff has received remonstrances without end. We have heard of old pupils who have written letters imploring that some improvements might be made with regard to teaching; and we have heard also a pithy description of the differential phenomenon that marks the Bartholomew's man as distinguished from the student of any other hospital. The latter, it has been said, is often very imperfectly acquainted with the details of what are called special departments of medicine, with aural and ophthalmic surgery, with the diseases of the skin, with the management of deformities, or with the diseases peculiar to women. But he knows that on all these subjects active minds have been at work, and that he has a great deal to learn. He at least knows enough to induce him, in any difficulty, to "call in another practitioner." The Bartholomew's man, on the other hand, is not only unacquainted with the details, but he does not even know that there are any details. He has seen broken legs and lithotomy, and he applies the knowledge gained from them to the treatment of eczema or of flexion of the uterus.

Whatever may have been the shortcomings of the staff of St. Bartholomew's in time past, these will be readily condoned, alike by the public and the profession, if there be any speedy manifestation of an earnest desire to do better in time to come. It is not long ago that a little patching and tinkering might have been enough to meet pressing requirements, and to obviate the storm that has since risen and burst. The period for such treatment has passed away, and the reforms that are now inevitable must be sweeping and complete. It need not be a secret that the action of the press has already attracted the notice of a very eminent person, and that, if necessity should compel, Parliamentary interference will be invoked. The staff may still direct the changes that must be made; but in order to do so, they must resign themselves to lose, and to lose with cheerful countenances, much to which they have hitherto tenaciously clung. For them to resist improvement, or to obstruct and try to curtail it, would, we are assured, be only a vain endeavour. If the obstinacy of the present ruling body, or the provisions of the present charters, should require the intervention of the House of Commons, the question will be one on which medical constituents would do well to communicate with their representatives. The endowed hospitals are really national property, and the example of Guy's shows how well their endowments may be applied. It is almost a national disgrace, and it is especially a disgrace to the medical profession, that an ignorant and obstructive policy should have been able to produce the state of things on which we have made these comments, and which it has been our privilege to expose.

THE ladies may now be at rest. One British University will take them in and make female physicians of them. The Council of the University of Edinburgh has refused to be less gallant than the University Court, even with the lead of the irrepressible Dr. PHIN and Dr. ANDREW WOOD. Prof. MASSON and Dr. BENNETT led the pro-lady party of the Council: the former maintaining that "the sphere of women" had not yet been fully developed or defined; the latter arguing that if Edinburgh did not admit lady students, they would have to go all the way to Paris. We shall not oppose this decision of the University, though in neither the speech of Professor MASSON nor that of Professor BENNETT do we see any very powerful arguments for women becoming physicians. The responsibility, however, now rests with themselves. The legal way is open, and it is for themselves now to consider whether Medicine is a womanly calling. There should be no misunderstanding about one or two points. First, that if ladies are to enter a sphere so difficult and to them somewhat delicate, there can be no plausible reason for excluding them from any other sphere. Professor MASSON must reconcile himself to fair professors of Belles Lettres that may prove serious competitors with the present male monopolists of Rhetoric; and Professor BENNETT may find some day the Institutes of Medicine very freely rearranged by the ladies whom he is so politely introducing to the study of medicine. If ladies may be physicians, then they may be anything. This may be all right; but if so, then woman must not be considered, as hitherto, the complement of man, but as his competitor. How this will relieve our social and economical difficulties or add to the pleasantness of the position of woman is not very clear to us. If women would show their complete equality with men, let them emigrate as freely as men are doing, and give grace and comfort to the life of their fellow-countrymen who have to go abroad, not because they like it, but because there is not room for them at home, and colonisation is the destiny of Britons. Let them give themselves to the womanly science of making home-life easy and practicable and pleasant to men.

The action of the University of Edinburgh does not remove the difficulty. It only shifts it. All the objections to women entering the medical profession remain, and have now to be considered by ladies themselves. The process of medical education cannot be a very nice one for young ladies under the most favourable auspices, and with classes apart, as, we understand, is to be the arrangement in Edinburgh. It is inconceivable that lady students should pass through a course of medical study in a large medical school without some harm to that delicacy of feeling which has hitherto been one of the most exquisite charms of the female character. And the duties of the actual practice of Medicine are still less congruous with womanly strength or feeling, or any other female quality. We presume that lady practitioners will have to be unmarried. No married gentleman worthy of his situation would like his wife to be a practitioner. And yet how unfit seems a young unmarried lady for the duties of medical practice.

Supposing all these objections to women entering the profession of Medicine answered, there remains another—Will they be acceptable to the public as medical advisers? This seems very doubtful. It is said that they are adapted for practice among women and children. We must say that we know of no demand among women generally for lady medical advisers. There are a few ladies just now who seem to think of nothing else than the magnification of their sex, and who propose to revolutionise society in prosecution of this idea. But they do not represent the general feeling of women. And as far as our observation goes, it tends to show that lady practitioners will not be very acceptable as physicians even to their own sex. Something is to be said for alloting to them the department of midwifery; but even here, we believe, medical men would be preferred, and it is a laborious branch of practice that would be a hard means of livelihood for a delicate unmarried girl. She would doubtless simply come to a friendly arrangement about night-calls with the nearest medical bachelor, and a partnership would soon be arranged. Altogether, we would advise ladies to think twice before they enter the medical profession.

WE offer no apology for drawing further attention to the remarkably interesting statistics of poor relief presented by Dr. ROGERS to the Poor-law Medical Officers' Association last week. Any facts which may help to elucidate the question of pauperism are at the present moment of special value, as it is becoming more and more evident that the existing mode of dealing with it satisfies nobody, and that it must be reconsidered by the Legislature ere long.

It seems to us that two propositions may be fairly drawn from an attentive study of the Irish system of relief. First, it is clear that the poorest and most abject population may be safely, and even wisely, left to their own resources, without any out-door relief whatever, *so long as they are well in health*. Secondly, it is also clear that the system of Irish dispensaries, supplemented by the workhouse and the public hospitals, affords to the poor all the assistance they require, not only without inducing any oppressive increase of the rates, but with the contrary effect. These propositions may be proved by a consideration of the question both as a whole and in detail.

At the meeting of the above-mentioned Association in July, Dr. ROGERS showed, from the reports to Parliament, that whilst the expenditure from the poor-rate in England is over £7,500,000, and is equal to 6s. 11½d. per head of the population, the expenditure in Ireland was £829,521, or less than 3s. per head on the population. And he observed that whereas the expenditure in England increases at the rate of about half a million per annum, the increase in Ireland was only £30,627 last year.

Now, to what is this enormous difference to be attributed? No one can for a moment pretend that the resources of the Irish poor will bear comparison with those enjoyed by the same class in England. Bad as is the condition of the English labourer, that of the Irish is immeasurably worse. His wages are lower; his cabins more unhealthy. Ireland has no great manufacturing towns to absorb the growing population. Dublin cannot be compared with London for commerce, riches, or fashionable life; in fact, from an *à priori* examination of the case, we should expect that the Irish poor would require twice as much assistance from the rates, and the reverse would be the last

thing to expect. Might we not reasonably say that as the poor of Dublin are so much worse off than those of London, so should the relief be more instead of less? And yet, whilst scarcely a week goes by without the publication of cases of starvation in London, such cases are unheard of in the sister capital, in which the poor are left entirely to their own exertions so long as they are well in health. So also the same facts, when examined in detail, prove the same position. The South Dublin Union contains a population of more than 200,000; and the total expenditure was under £50,000 for the year. Only 1304 persons were relieved out of the workhouse in the year, and all of them for sickness; nay, in the workhouse, more than half the admissions are due to acute disease, and it is rare indeed to find that of 10,000 inmates 10 are able to do a fair day's work. Turn from this poverty-stricken district to a London union. St. Pancras, with a somewhat similar population, spends £80,714 per annum; and Marylebone, with half the population, nearly the same. What can be the cause of this tremendous difference? If the poor of Dublin can do without relief, why not the poor of St. Pancras and Marylebone? Is it not due to the fact that the health of the Dublin poor is good, and carefully sustained; whilst that of the London poor is destroyed by want of care and help when the first indications of disease are shown.

Such is Dr. ROGERS's reasonable explanation. He shows that, whilst in Ireland prompt and good medical attendance, fairly paid for, is the rule, here haste and neglect are too often forced upon the medical officers by the enormous work imposed upon them, and the insufficient pay. The comparison he draws from no less than thirty districts—some of them rural, suburban, and others densely crowded,—proves incontestibly that it is real economy to take the sick labourer in hand and cure him as soon as possible, that he may have no excuse for idleness. When well, it is no kindness to give relief; but when sick he has a claim, because neither the wages he receives nor the arrangements of society permit him to make provision for himself. After such overwhelming evidence in favour of the dispensary ystem, we are at a loss to understand the inaction of guardians and the Poor-law Board; and we hope the hon. member for Finsbury, who bore testimony to the value of the dispensary system from personal experience in Ireland, will inquire the reason of that inaction as soon as Parliament meets.

AT the meeting of the Executive Committee of the General Medical Council on the 26th ult., the President (Dr. PAGET) laid before the members the letter addressed by him, in his official capacity, to the Lord President of the Privy Council on July 15th, together with his Lordship's acknowledgment of the same through Mr. JOHN SIMON on the 20th of the same month. It will be remembered that the Lord President, through Mr. JOHN SIMON, had in May last expressed grave doubts as to the utility of the Medical Council as at present constituted, and had intimated the intention of Government to introduce a one-faculty system for each division of the kingdom; whereupon the Council appointed a Committee to consider the letter and to report upon the amendment of the Medical Acts. This Committee's report was received on the last day of the session of the Council, and will be found *in extenso* in THE LANCET of July 24th, but was *not* adopted, a series of resolutions being moved instead, affirming that in the opinion of the Council itself that body was "essentially well constituted," and that it was ready to be "invested with extended powers and fresh duties" if the Legislature wished, in which case perhaps it might consent to the infusion of a little more of the popular element into its constitution!

In his letter to the Lord President, Dr. PAGET expresses the gratification with which the Medical Council has learnt his Lordship's intention to consider the working of the Medical Act, and the success of the Council in carrying it out. He embraces with pleasure the opportunity of discussing these matters with the Lord President, and forwards for his information a copy of the report to which we have referred, and the resolutions passed thereupon, expressing in the following sentence the Council's opinion of itself: "In regard to the constitution of the Medical Council, on which subject your Lordship desired to elicit the opinions of its members, the report of the Committee and the resolutions of the Council will, I trust, sufficiently indicate the full consideration which has been given to the question, and the conclusions at which the Council has arrived."

The conclusion of the Executive Committee was to appoint a sub-committee, consisting of the President, Dr. BENNETT, and Dr. ANDREW WOOD, to prepare a statement on the subjects referred to by the Lord President; and to agree that, when the statement was prepared, the President of the Council should write to the Lord President, requesting that he would grant the Executive Committee an interview on the question of the amendment of the Medical Acts.

Under these circumstances, and bearing in mind that the Privy Council was the body to which the Medical Council was bound to appeal if it found itself unable to enforce its legitimate demands upon the corporations, it becomes a question whether Dr. BELL FLETCHER and the gentlemen whom he represents are not applying to the wrong official when they propose to address the Home Secretary on the subject of the amendment of the Medical Acts. It is obvious that the Lord President has been at some trouble already in the matter, and that through his subordinate official, Mr. SIMON, he has already expressed his desire to make an improvement in the status of the medical profession. Would it not be well, then, for Dr. FLETCHER to communicate with the Lord President on the subject, or at least to consult Mr. SIMON? The best course would be to have an interview both with the Home Secretary and the Lord President.

IN the last number of Dr. BROWN-SÉQUARD's *Archives*, a paper appears on the Epithelium of the Capillary Lymphatics, by M. ROBINSKI, which, if supported by subsequent investigations, will materially invalidate the views of RECKLINGHAUSEN and others, not only in regard to the presence of openings between the lymphatic channels and the great serous cavities, but even as to the very existence of the lymphatics themselves. M. ROBINSKI, in his researches,

employs solutions of nitrate of silver usually of the strength of 1 to 500, but sometimes as dilute as 1 to 1000, and sometimes 1 to 50. The preparation is immersed in it for a few seconds, and then carefully washed with distilled water. It is well known that HARTMANN, in his essay on the employment of nitrate of silver for histological purposes, at length discarded this reagent, on the ground that networks closely resembling the outlines of epithelial cells were formed when a solution of nitrate of silver was poured on a plate of glass thinly covered with a layer of collodion or gum arabic; arguing that, if under such conditions deceptive appearances arose, it would be impossible to say what errors might not originate when such complex objects as the tissues were under observation. M. ROBINSKI, however, believes that, when properly pursued, this mode of investigation may prove extremely valuable; and having recently shown his specimens to M. HARTMANN, that gentleman professed himself to be ready to retract his former statement, and to admit that the process might, with proper precautions, lead to valuable results. ROBINSKI considers the dark lines marking the contour of the epithelial cells to be owing, not, as RECKLINGHAUSEN maintains, to the staining of a kind of connecting substance interposed between the cells (of the presence of which there is no other evidence), but to the staining of the cell-wall itself; which is most apparent at the margins of the cells, because there the membrane is, as it were, seen in profile, whilst the rest of the cell-wall is seen on the flat. M. ROBINSKI has noticed that the application of solutions of nitrate of silver to membranes covered with epithelial cells diminishes the adhesion and cohesion of the cells in a marked degree, and he suggests that this peculiarity in some measure explains the advantage resulting from the use of nitrate of silver in conjunctival and corneal affections; since, by aiding the removal of altered epithelium and pus-corpuscles, it may accelerate the production of new and healthy epithelial layers and the process of reparation. As regards the finer lymphatics, RECKLINGHAUSEN believed their course might be followed in specimens blackened with nitrate of silver, since the spaces they bounded, even where extremely fine, remained always untinted. But this is contested by M. ROBINSKY, who maintains that, taking the diaphragm as a favourable tissue for observation, there are always some cells which refuse to be stained by the nitrate of silver solution; and that, according to the disposition of these cells, designs are formed, of which he gives a drawing, that closely resemble the lymphatic vessels of RECKLINGHAUSEN. When the preparation of the diaphragm is just dipped in a weak solution (1 to 800) of nitrate of silver, if it be carefully examined the lines of demarcation of the epithelial cells will be everywhere found; but by and by parts of the tissue will become of a much more pronounced black, and in them the contour lines of the cells will gradually disappear, whilst they remain visible in the clearer parts. Thus the illusory appearance of clear canals lined with epithelium running in blackened tissues is produced; whereas, in reality, the appearance in question is only due to the circumstance that certain cells do not blacken so readily with nitrate of silver as others, and the elongated spaces thus formed present very distinctly the sinuous outlines of cells described by CHRZONSCZCZEWSKI and others. As the so-called finest lymphatics are non-existent, it follows that all the details of openings in them, described by RECKLINGHAUSEN in his experiments on fat resorption, are also baseless.

THE brief official announcement of the first occasion on which the College of Physicians double licence has been conferred, since its official acknowledgment by the Poor-law Board as a valid qualification in Surgery as well as in Medicine, is an event which should not be passed by in silence; for it marks an important epoch. It will be remembered that a few years since the College, after due deliberation, revived its ancient powers, long fallen into disuse, of examining and licensing in Surgery as well as in Medicine. The new order of Licentiates (former "Licentiates" having been raised to the rank of "Members") were theoretically supposed to be doubly qualified. The words in the old Charter of the College (10 HENRY VIII., anno 1522) conferred the power of giving licences in "Physic," and that this word included Surgery is plainly proved by the fact that the Charter (3 CHARLES I.) of the College of Surgeons, while conveying to the "mystery and commonalty of the barbers and surgeons of London an exclusive right of licensing to practise surgery in London and within seven miles round," expressly reserves the right of "physicians duly approved of by the President and commonalty of the College of Physicians, London." The truth is, that the original conception of the founders of the College of Physicians included no such vulgar fallacy as the notion by which surgery was subsequently regarded as a mean and contemptible thing, a mere mechanical handmaid to the nobler art of medicine. It was only when the talent and success of individual surgeons roused the jealousy of the physicians that this tradition arose; and the feeling which led to the discontinuance of surgical teaching and examination at the College of Physicians was the offspring of nothing but the meanest spite. The liberalising influence of modern scientific progress has abundantly convinced the profession of the folly of treating medicine and surgery, in an educational point of view, as separate arts; and we may add that the persistent efforts of THE LANCET, under the late Mr. WAKLEY'S inspiration, did much to force the "one-faculty system" upon the attention of the profession. And now, at last, we may heartily congratulate the medical men of this country on the official recognition of a principle which sweeps away the last remnant of the old vulgar injustice to surgeons, and restores that nobler ideal of our ancient forefathers, which regarded medicine as one great, indivisible, and truly Divine art.

THE inquest on the body of a poor patient, SANTA NISTRI, who was admitted into the Hanwell Asylum suffering from general paralysis, and who died there after a fortnight from the effects of frightful injuries received in the asylum, has ended in a very unsatisfactory manner. The verdict of the jury was that death resulted from the injuries received in the asylum; but that there was no evidence to show how they had been produced. Considering what these injuries were—that the breast-bone was broken;

that the third, fourth, sixth, and seventh right ribs, and the fourth, fifth, sixth, and seventh left ribs, were broken; that the chest was bruised; and that the left eye was very black and lacerated,—it is sufficiently plain that, however the event may have happened, the poor fellow was effectually crushed to death. It will require too, we cannot but think, a faith not less than that which removes mountains, to believe that all this destruction could have been done without any attendant in the patient's ward or anyone in the establishment having the faintest notion how it occurred. The vague and lame story of the deceased having stumbled over a mat and fallen down on the floor—which one of the patients was produced at the inquest to tell,—may be dismissed from consideration; for, even if it were true, of which there seemed no little doubt, it would not satisfactorily account for the injuries. We are driven, indeed, by a study of the evidence, to one of two equally painful conclusions: either that the supervision and care of patients in the Hanwell Asylum are so grossly defective that injuries such as SANTA NISTRI died of may be inflicted without anyone knowing anything about the manner of their infliction, or that there has been a conspiracy of silence. The matter urgently demands, and will, we trust, immediately receive, from the Commissioners in Lunacy a further and more searching investigation. SANTA NISTRI'S death is, unhappily, not a solitary instance: other patients have died in the Hanwell Asylum from the effects of similar severe injuries, as anyone may see who refers to the last Report of the Commissioners in Lunacy. It is therefore of the utmost importance that an effectual inquiry should be made into the strange accidents by which ribs do get broken there, with a view to prevent them for the future, and to preserve public confidence in the management of our county asylums. We are aware that the Hanwell Asylum is not considered a good example of a public asylum, and that some men regard it as the opprobrium of our county asylums. It is much too large to be well superintended and governed, even under the most favourable circumstances; and its present organisation is notoriously such as to preclude rather than ensure successful management. The Committee of Visitors, with the best intentions, but with the worst results, jealously retain all power in their own hands, and the medical officers are without the authority which they should rightly have, and which they have in most other county asylums. It is obvious that gentlemen who visit the asylum, and spend a few hours there occasionally, cannot possibly exercise the supervision and authority which are needed in an asylum at every turn and every hour of the day; and that while they keep the power in their hands, they cannot justly expect from their officers that full and deep sense of responsibility which those who have proper authority must feel. Power and responsibility ought to go hand in hand; and if the Committee of the Hanwell Asylum take one they should take both. It would, we are confident, be a great and beneficial reform if they would reorganise the asylum on the plan of all well-governed county asylums, granting full power to the medical superintendents, and exacting a strict responsibility from them.

Medical Annotations.

"Ne quid nimis."

THE PROGRESS OF RELAPSING FEVER.

WE have every reason to fear that the apprehensions recently expressed in our columns by Dr. Murchison, of a winter epidemic of relapsing fever among the poor of London, will be fully confirmed, and that what was then considered but as a coming danger is now an actual and widespread visitation, requiring for its prophylactic and therapeutical management great activity on the part of the Poor-law officials. Cases have lately been treated at Middlesex, St. Mary's, and Westminster Hospitals, and King's College Hospital has received a fresh accession of patients from Great Wyld-street and Drury-lane. It is, however, at the London Fever Hospital that the greatest opportunities are afforded of acquiring information as to the characters and extent of the present epidemic. In September there were 34 admissions,—more than double the number of the preceding month; but on the last day of October there were no less than 90 cases under treatment. The number of patients admitted during last week was very excessive—very many having been sent from the district of St. Giles; but this fact, we learn, is to be attributed, not to a very rapid extension of the disease, but rather to the activity of the health officer, and to a better recognition of the symptoms which characterise this unusual form of fever. Bethnal-green and Whitechapel still supply the greatest number of patients; and from one street in the latter district as many as fourteen cases have been sent to the Fever Hospital. Relapsing fever, according to the experiences of the present visitation, has no regard either for sex or age, and attacks the healthy and able-bodied as well as those disabled by exhaustion and disease. The oldest patient that has hitherto been treated at the Fever Hospital was upwards of seventy years of age, and the youngest an infant only twelve months old. Up to the present time there has been but one fatal case: a strong muscular man, who was under the care of Dr. Murchison, was suddenly attacked at the end of the relapse by some abdominal pains, and very shortly died in a state of collapse.

The cases of typhus and typhoid fever in the Fever Hospital have lately diminished very much in frequency, and of the former affection we learn that there is scarcely a well-marked case in the wards.

NO MORE SEA-POLLUTION AT BRIGHTON.

IT is a matter of the deepest congratulation, not only to the inhabitants of Brighton, but to the thousands of busy Londoners who go there daily for a little pure sea-air, that the recent elections to the Town Council will give a triumphant majority to the party who are in favour of an intercepting scheme of drainage. It is now nearly ten years since the question was first discussed in this journal. Year by year some progress has been made; and although an unnecessary amount of money has been wasted upon the present outfalls, we must be content to let bygones go, and be satisfied with the enormous advance which the question has made in the estimation of the inhabitants within the last few months. Not only have the gentlemen who advocate Mr. Hawkshaw's scheme been returned with overwhelming majorities, but the Commissioners of Hove have agreed to accept the plan. In fact, the only opponents are now the inhabitants of Cliftonville, who have been probably influenced by their surveyor, whose opinion has been given against that of Mr. Hawkshaw and others at least as

competent as himself. A special requisition has already been made to the Mayor to summon a Council meeting on Monday next, in order to take the necessary steps to avoid delay, and secure the consent of Parliament to the plans proposed.

It would be unjust to close this notice without some recognition of the services rendered to the town by Dr. Carter, the chairman of the meeting at the Grand Hotel and of the Drainage Committee there appointed. To his tact, energy, good temper, and ready assumption of considerable pecuniary responsibility, the town owes not only the successful result of the municipal elections, but the possibility of avoiding a whole year's delay. Dr. Carter, like ourselves, has had to submit to all sorts of imputations and no little abuse; but we feel sure the time will soon come when his services will be duly recognised by all his fellow-townsmen.

RELAPSING FEVER IN THE PUNJAB.

MUCH interest has lately been excited by the appearance of relapsing fever in this country and elsewhere. It appears that a disease in all respects bearing the strongest resemblance to relapsing fever, or Virchow's "war and hunger pest," prevailed to such an extent in the Punjab last autumn among the muleteers from Abyssinia, that it became necessary to enforce quarantine with regard to them. The facts connected with the outbreak are both curious and interesting. We gather our information from published official documents, and mainly from an able report by Dr. Gray, the official Inspector-General of Prisons, Punjab.

The force of muleteers from the Abyssinian expedition, numbering over five thousand men, was raised principally in Rawul Pindee, Lahore, Umritsur, and Mooltan districts. It was composed of men of all the different creeds, nationalities, and castes that are found in those parts of the country. The levies left the Punjab in the end of 1867, and returned to Mooltan from August to November, 1868. Up to the time of their arrival in Abyssinia, and for some time afterwards, they enjoyed good health; but subsequently, dysentery, diarrhœa, scurvy, and remittent fever appeared among them. According to the medical officers, some of the fever cases were complicated with jaundice, and Dr. Gray thinks these might have been the first cases of the disease which he afterwards encountered at Mooltan. The sick men discharged from the different levies in Abyssinia before the expedition was at an end were forwarded to Bombay, where they often awaited the arrival of their comrades, proceeding onwards to Mooltan together. The first cases *observed* among the muleteers, which resembled in every way those noticed at Mooltan, occurred on the passage between Bombay and Kurrachee.

The mortality of the different levies on their passage from Kotree to Mooltan on flats and steamers amounted to 130, the majority of the deaths being from fever and diarrhœa. The accommodation on board these vessels was not bad on the whole; but the superficial space per man did not average more than from 9·5 to 22·4 square feet. The first detachment arrived in Mooltan on the 11th of August, 1868, without any unusual sickness being observed in it. The next detachment consisted of 596 men; and 13 deaths had occurred during the passage up the river, with a sick list on arrival of about 30. The disease was unmistakably relapsing fever, from which some of the muleteers were suffering before their embarkation at Kotree. Several of the crew belonging to the Indus Steam Flotilla Company's vessels were also attacked with symptoms of the disease; 5 of these had died, and 4 were prostrated with fever on the arrival of the detachment, 2 of whom subsequently died. The crew are described as a particularly healthy class of men, and there was no sickness among them up to the reception of the muleteers aboard the steamers and flats. Hospital corps were formed, and rigid sanitary regulations enforced. The muleteers, exceeding 4000, were, as far as practicable, placed in quarantine at Mooltan. Captain Cabell's levy of muleteers came up in two separate detachments. In the first, sporadic fever cases only were present; in the second the disease was both more prevalent and virulent. The men composing the two detachments were in all respects placed under similar conditions, and the preponderance of fever in the latter is referred by Dr. Gray to the fact that the first detachment left Kurrachee on the same day that the muleteers of Captain Kelly's levies arrived, who were suffering considerably from the fever, while the second had remained in the same camp and free intercourse had ensued between them. Out of a strength of 4160 muleteers, there were 635 cases of relapsing fever at Mooltan alone, with a mortality of 171.

The minute description of the disease, as given by Dr. Gray, leaves no doubt as to the nature of the fever. It was the "famine fever"—Virchow's "war and hunger pest,"—and identical with that which had prevailed epidemically in several of the Punjab gaols in the years 1863, 1864–65, and 1866. No extension of the disease was traced among the natives of the city of Mooltan, although there appears to be little doubt that several of the muleteers from the infected detachments managed to elude the quarantine. The weak point in Dr. Gray's very able and exhaustive despatch seems to us to consist in his not being able to demonstrate what had been the origin of the disease. According to some hints which we obtain as to the nature of the special report, however, from Dr. Pelly (which was not, unfortunately, among the other enclosures), it would appear that he has endeavoured to show that the disease was a specific fever, due to overcrowding on board the ship *India* proceeding to Abyssinia. It is certain that it was identical with the disease that occurred among the Kahars on board the ship *India*, that it had been seen at Zoulla, and there is good reason to believe that it was the very same affection which proved fatal on board the *Ophir* returning to Calcutta. Under these circumstances, the cause of the disease was probably first conveyed from India to Abyssinia, and subsequently brought back again. The outbreak no doubt owed its development to the hardships incidental to warfare and to the overcrowding to which the levies of muleteers had been subjected on their arrival at Bombay, and the swampy sites on which they were located. The official judgment appears to us to be the correct one—viz., that the whole epidemic is quite in accord with what has happened on previous occasions. The outbreak commenced with one or two solitary cases which failed to attract attention, the sick were not isolated, and the disease in consequence spread.

EXPERIMENTS WITH SEWAGE AT BRADFORD.

WE have recently had an opportunity of witnessing some experiments for the deodorisation and utilisation of sewage at Bradford. The experiments are being conducted at the expense of Mr. Holden, a gentleman most zealous in promoting all measures relating to the health and happiness of the community. A piece of ground in what is called Bolton-lane has been placed at the disposal of Mr. Holden by the authorities of the town, and the methods adopted for carrying out a fair and systematic research are most efficient. The main sewer of the town has been tapped to supply the sewage steadily, some well-constructed tanks have been built for the reception and precipitation of the sewage, and earth-beds are now being made for storing the precipitated matter, and allowing the water it contains to filter away.

The process of deodorisation and utilisation which is being tried at this time is known as Bonneville's, and is patented. It is the invention of MM. Jules Houzeau and Eugène Devedeix, of Paris. The chief ingredients in use in the process are pit-coal or charcoal, sulphate of iron, and lime. The mixture of these is either added to the sewage direct, in the reservoir, or is first mixed with water, and commingled with the sewage as it flows into the reservoir. On contact of the mixture with the sewage a precipitation of solid matter takes place, and the water, separating, runs away in a limpid stream. We found the water perfectly clear, and free of all odour except that of lime. The precipitated matter, as it is thrown out of the reservoir, resembles soft clay, and is quite free of odour; it is at this stage fitted for manure, but must be laid by in an open pit exposed to the air, "to undergo fermentation." We could obtain no definite information as to the actual value of the manure when it is ready for use, and were obliged to receive on faith that it was equal to guano. The process is, in fact, altogether on trial in this country, and we doubt not that the experiment being conducted at Bradford will determine its usefulness and application. This much we may add in respect of the process as we saw it carried on, that the details are extremely simple, the working easy and inexpensive, and the deodorisation and precipitation very complete.

A HOUSE-SURGEON'S DOG.

THE recent dismissal of Dr. Mayo, the house-physician at St. Bartholomew's Hospital, by the Committee, was rendered possible by his refusing to attend that body when called upon to do so. The power thus exercised was probably secured to the Committee by the rules under which house-physicians were first appointed, the office being one of very modern creation. The same power did not originally exist in the case of the house-surgeons; and its origin dates from a quarrel between a house-surgeon and the treasurer about a dog. At most hospitals, as our readers know, the office of house-surgeon is given to meritorious past pupils without payment; and the gentlemen appointed receive board and lodging for their services. This arrangement is an excellent one, because it enables men who may not be very well off to enjoy the great advantages of the appointment. At St. Bartholomew's, however, the surgeons have always been in the habit of turning an honest penny by these advantages; and they formerly exacted from each house-surgeon a fee of fifty guineas. Moreover, the gentlemen appointed have to provide themselves with food and attendance, and are also mulcted in various little fees and extortions. The house-surgeon who possessed the dog, had paid these several moneys, and, with his dog, was in occupation of his official chamber. The treasurer came there, and ordered that the dog should be sent away. The house-surgeon refused compliance. The treasurer insisted, and used the language of a man having authority. The owner of the dog rejoined that he was Mr. Lawrence's house-surgeon, and was in his own private room. He had not the pleasure of the treasurer's acquaintance, had not invited him, and desired him to withdraw speedily, —threatening, in case of any delay, the instant application of pedal propulsion to the rear of his sacred person. The interview terminated, whether with or without violence we never certainly heard. But the Committee thereupon ordered that every future house-surgeon should receive from them the sum of £25, so as to become their paid officer, and subject to their control. When the change came into operation, dogs were prohibited; and the house-surgeons now pay twenty-five guineas with one hand, and receive back from the Committee twenty-five pounds with the other.

LIME-JUICE.

AN occurrence that indicates the somewhat defective working of the Merchant Shipping Act of 1867, with reference to lime-juice, took place at Akyab some four months ago. The captain of a ship was summoned before the magistrates, and fined £10, for neglecting to supply lime-juice to his crew according to the terms of the above-mentioned Act, in consequence of which five were laid up with scurvy. It was proved, however, that the vessel started from Newcastle with a proper supply of certified lime-juice; that, owing to bad corking, much of the juice was lost; that the captain could not obtain a further supply at Aden, and that he purchased some so-called lemon-juice from a ship-chandler, mixed it with rum, and served it out to the crew. An appeal was therefore made to Mr. Stevenson, the Commissioner of Aracan, against the decision of the magistrate, and the former reversed the decree of the latter, mainly on the ground that the Merchant Shipping Act of 1867 does not apply to British India, and cannot therefore be enforced within its boundaries. We record these facts for the purpose of pointing out two important defects that are here clearly indicated. Why were not the bottles properly corked and secured? Why does not the Indian Legislature adopt the terms of this Act, or frame one that will work in conformity with its provisions? And as to the former query, it is, we believe, the duty of the Customs officers at home to see that the bottles are properly corked, labeled, and packed. As to the latter, it is well known that a Bill was drawn up by the India Office in 1866, which was intended to work in conformity with the British Merchant Shipping Act of 1867. This Bill, however, has not yet become law, and it is the duty of the Duke of Argyll, and his colleagues at the India Office, to adopt energetic measures with reference to this important sanitary question. For if, by stress of weather, leekage of bottles, length of passage, or any other of the thousand and one casualties that occur to our ships at sea, the captain has exhausted his supply of certified lime-juice, and cannot obtain more in an Indian port, it is clear that the Duke of Richmond's Act is not having a full and fair trial, and that the benefits to be derived from it, as regards ports in the East, will be almost *nil*. We commend the foregoing to the consideration of the authorities at the India Office, for, apart from questions of humanity, it is as much the interest of the Indian as of the British Government to watch over and improve the sanitary condition of the mercantile marine of this country, as well as of her colonies.

BEARDS AND THE FOOT-GUARDS.

PERHAPS in no class of the community, civil or military, would permission to wear the beard be productive of more benefit in a sanitary point of view than in the Foot Guards. Although the number of sentries on night duty has happily been reduced, still the exposure to night air in the metropolis—to the cold, raw fogs that may be looked for at this period of the year—calls for the employment of every means at all calculated to counteract their prejudicial effects on the throat and lungs. If the opinion of medical officers in the army generally is, as we believe to be the case, in favour of the use of beards, that of the surgeons in the Guards is still more openly and strongly expressed in condemnation of the razor. The household troops are somewhat exceptionally circumstanced. By far the greater part of their service is passed in London, whereas troops of the line move about, and are quartered for lengthened periods in camp. The army returns consequently show a larger percentage of chest disease in the Guards, and it is surely desirable to use a means of prevention so simple and feasible as the growth

of hair on the throat. Apart from these motives there are other reasons directly affecting the comfort of the men themselves. Let any of our readers conversant with the pleasures of London weather in mid-winter picture to themselves the delight of shaving at six A.M. by the aid of a looking-glass the size of the palm of the hand, the room crowded, and each man struggling for the vantage ground comprised in some little nook where sufficient gas and elbow-room may be obtained. The temper of Job would be tried under such circumstances. Another objection may be urged against the razor, and it is this: A weapon for self-destruction is at hand always, even as the ball-cartridge until recently, when it was wisely withdrawn. Very lately there was a case in point of an artilleryman at Woolwich who committed suicide whilst labouring under mental depression, which might have passed off had not the razor been an article of the soldier's kit, and at hand.

NURSING SISTERHOODS.

THE public attention directed to the unsatisfactory condition of the nursing department at St. Bartholomew's Hospital has elicited from a correspondent of *The Times* signing himself "M.D." a brief comparison between those hospitals which, like St. Bartholomew's and Guy's, continue the old system—but one degree removed from the Gamp and Prig *régime* of thirty years ago—and those which have availed themselves of the services of ladies as superintendents of their wards. From personal experience and observation, we can confirm all that "M.D." states with regard to the improvement which has taken place in the wards of both University and King's College Hospitals since a change in their system was introduced; and it may not be out of place, when the question of hospital-nursing is again under discussion, to narrate what the experiences of those two hospitals have been.

Up to the year 1856 King's College Hospital was nursed on the old plan, with a respectable matron, more or less experienced women of fair respectability as "sisters" of the wards, and miserable drabs of nurses under them, upon whom devolved all the hard work, including the scrubbing of the floors &c. The wards were untidy; the patients were cared for in a rough and ready way, which grated harshly upon the feelings of many; peculation, bribery, and drunkenness were rife; and the wards were an eyesore to all who took an interest in the welfare of the patients. In the year we have named, after much opposition on the part of many of the committee and of the medical officers, the whole of the nursing was put into the hands of the ladies of St. John's House, who undertook to provide nurses and ladies to look after them for a fixed sum per annum. The first reform was an organisation of a body of "scrubbers" to relieve the nurses—who were all highly respectable and trained women—of the drudgery of household duty, so that they might give all attention to the patients. The next was the upsetting of the notion that night nurses were necessarily inferior to the day ones, which was done by causing them to exchange duties from time to time. Then followed the proper care of the nurses' health by providing them well-cooked meals in a common dining-hall, instead of leaving them to cook their "rations" in the wards or their own "cabins." Minor matters of comfort for the patients were gradually introduced, and the system has hitherto worked quite satisfactorily, having effected an entire change in the aspect of the hospital and in its internal economy.

The experience at University College Hospital is much the same, but a few years more recent, the lady who is superintendent there having for several years been a sister in charge of wards at King's College Hospital.

Granting, as we think we may do, the advantages which have accrued from the adoption of this system in two hospitals in its entirety, and in a modified form at more than one of the other London hospitals, it is only fair to ask what are the drawbacks to it. It was feared by many supporters of the hospitals we have named, and particularly at University College Hospital, where the governors are of all creeds, that the religious views of the ladies and nurses they were employing would lead to proselytising among the patients; but these fears have, we learn, proved groundless, and nowhere is the religious opinion of each patient more studiously respected. If we turn to the medical staff, we find them unanimous in the opinion that the patients are better cared for than formerly, and the patients themselves are full of gratitude for the kindness they receive. Even the students have derived benefit from contact with ladies in the performance of their medical duties; and the late Albert Smith would have to rewrite his description of a medical student were he now to revisit Gower-street, whence many of his uproarious characters were drawn.

But it will be said that religious sisterhoods are limited in number, and that all hospitals could not be effectually supplied by the existing ones, even if they wished it. We reply that in our opinion the religious element is not a necessity, nor indeed is it necessary that the labours of the ladies should be gratuitous. There is a general cry for the employment of ladies and women; here is a fair field for them without male competition, and with every assistance rendered by the public and the medical profession. There must, of course, in each hospital be a directress, whether called "lady superior" or otherwise, with power to remove refractory sisters and nurses; but provided this is arranged, we see no reason why voluntary associations should not work as satisfactorily as religious ones have hitherto done.

DR. ANSTIE ON THE VACCINATION QUESTION.

WE would particularly direct the attention of the profession to two articles on the vaccination question, published in *The Practitioner* for October and the present month. They are from the pen of the editor, Dr. Anstie, and are singularly felicitous in matter and manner. The most learned in vaccination will feel indebted for the happy and compact fashion in which the great and incontrovertible truths upon which the practice of vaccination is founded are here marshaled; the least learned in the subject (unless the unhappy victim of some mental warp which dates from a period nine months before birth), may gather from Dr. Anstie's pregnant sentences and incisive argument, a clear notion of the preposterous folly of those persons who doubt the beneficent action of the Legislature in compelling the common adoption of the practice. Especially do we commend to attention the comments on the possible conveyance of constitutional infections through the agency of vaccination, and particularly the communication of syphilis. The utter worthlessness of the evidence upon which the doctrine of vaccino-syphilis has been based is admirably shown. We could have wished that Dr. Anstie had drawn attention to the fact that of the asserted outbreaks of vaccino-syphilis, *not one has occurred in this country*. There has, unhappily, not been wanting much careless vaccination among us (of which not the least evil reaped is the doubt of the operation which now possesses the minds of some); but of carelessness so gross—nay, criminal—as that which has led to the inoculation of syphilis during the presumed act of vaccination, English medicine is entirely guiltless. We altogether concur with the closing words of Dr. Anstie's article:—"The medical profession," he writes, "may well afford to disregard the monstrous fables and absurd alarms which are

circulated from time to time as to the conveyance of horrible infections by the medium of vaccine lymph. But in regard to their slackness in adopting to the fullest extent the standard of excellence in vaccination, for preventive purposes, which has been laid down by the best authorities, they have much to answer for. Let them look to it, for their credit is at stake upon a matter of infinite importance, as to which the public, when they know the facts, are not likely to be lenient judges."

We trust that the publishers of the *Practitioner* will print Dr. Anstie's articles in a separate form. In a cheap pamphlet they would prove of the greatest benefit to the public and the profession at the present time.

ANATOMICAL SUBJECTS.

WE regret to see that some zealous but indiscreet correspondents of the daily papers have ventilated the question of the "supply of subjects" in those journals. Now there are certain necessary details in connexion with medical science which it is not advisable to discuss *coram populo*, and the supply of subjects for anatomical study is one of them. Probably the writer of the communication in question is not old enough to remember the public outcry at the doings of Burke, Hare, and Bishop, nor able to estimate the difficulty with which the Anatomy Act was carried through the House of Commons by Mr. Warburton. It is well known to all those who are conversant with the working of the Act that all public discussion, or anything which directs public attention to it, produces an immediate reduction in the supply; and this for many obvious reasons. There have been within the last few years one or two instances of infringement of the provisions of the Act leading to public scandal, and the effect has been immediately felt in a falling off in the number of subjects.

The Anatomy Act of William IV. is, it must be remembered, only *permissive*, and we very much doubt if public feeling would allow any other rule to apply even to the bodies of malefactors. Several causes, again, have operated to diminish the number of unclaimed bodies, and their being given up. In the first place, the number of deaths in the workhouses is smaller than it was; secondly, inquests are more frequently held in these cases than they used to be; and thirdly, owing to the general agitation with regard to workhouse management, the officials are in many cases afraid to take the responsibility of acting under the provisions of the Anatomy Act.

The writer to whom we have referred draws a comparison between the cost of bodies in Paris and in London much in favour of the former; but it must be recollected that here every subject must be decently buried in consecrated ground, and that, owing to intra-mural interment being abolished, the funeral expenses have necessarily increased during the last few years. We may remark, too, that nowhere in Paris will such careful dissections be seen as in London, for the reason that the English student sets a higher value on what costs him more. Three pounds may appear a large sum to pay for a body, but it is much less than was paid to "body-snatchers" in the "good old days," to which the writer in question appears to wish to return. No doubt some alteration in the charges for carrying coffins by the railroads would tend to increase the supply by widening the area from which collection could be made, but we believe, after full inquiry, that much of the blame of the existing dearth rests upon the anatomical teachers themselves, many of whom attempt to make a profit out of the dissecting-rooms, instead of using every legitimate effort to increase the supply. A permissive Act always requires oil to make the cog-wheels of its machinery work, and we believe that "palm oil" is strongly to be recommended for the purpose. *Verbum sap.*

"HOSPITAL SUNDAY."

ON the last Sunday in the month of October, since 1859, it has been the custom to make collections in all the churches and chapels in Birmingham on behalf of its hospitals and dispensaries. The merit of suggesting the idea has several claimants; but the Rev. Dr. Miller, the present Rector of Greenwich, is entitled to grateful remembrance for having organised the scheme and most powerfully assisted in carrying it out. A triennial order of rotation amongst the charities, for receiving the proceeds of the collections, has been established thus: 1st, the General Hospital; 2nd, the Queen's Hospital; 3rd, a group of minor charities, amongst which the principal are the Children's Hospital, the Eye Hospital, the General Dispensary, and the Lying-in Charity. In ten years, 1859-68 inclusive, the collections on Birmingham Hospital Sunday have produced £37,631 19*s.* 5*d.* The full return for last Sunday, when the collection fell in rotation to the Queen's Hospital, is not yet known, but it will most probably exceed £3800—a fine round sum, yet not sufficient by nearly £1000 to liquidate the current debt of the hospital. When the collections were set on foot, it was hoped they would help to balance the income and expenditure of the charities; but the result has dispelled the illusion. The state of indebtedness is not only perpetuated, but grows worse; and the Children's Hospital, which was started under brilliant auspices by energetic hospital reformers, follows in the wake of the older institutions with a debt rapidly increasing. In principle, Hospital Sunday is an admirable institution, and, in practice, it has done a vast amount of good; but is it absolutely essential to the existence of medical charities that they shall be conducted on principles opposed to sound finance and common-sense business?

INDIAN SANITARY ADMINISTRATION.

THE aim of all recent legislation in this country is to centralise and consolidate. The multiplication of departments is not like the multiplication of wheels in machinery, for it does not tend to accelerate the progress of events, or facilitate the transaction of business. The prevailing feeling of the nation is favourable to the destruction of the Horse Guards and War Office as separate departments, and to the consolidation of the different departments of public health into one; and even the medical corporations begin to be alive to the advantages which would be derived to the public and the profession by the adoption of the one-faculty system. It seems strange, therefore, that in India the medical and sanitary administrations are perfectly separate and distinct things, and that every effort has been made of late, and is still being made, to increase the divergence of two subjects which start from a common basis, and are intimately associated in their ends and objects.

The great majority of the British and Indian Medical Services—that is to say, all who are not directly or indirectly interested in present or future sanitary appointments,—view with dislike and distrust the separation that exists between the medical and sanitary administrations in India. This separation began and grew up under Mr. John Strachey, of the Civil Service, the first President of the Commission, now a member of the Supreme Council of the Government of India. The policy was continued by Colonel Malleson, a distinguished and clever writer, who was never associated with a European soldier in his life, but who pos-

sesses a powerful pen, which Lord Lawrence deemed it well to occupy in support of the Government instead of against it, as in the case of the celebrated Red Pamphlet; and the policy is now being even more dilated by the present Sanitary Commissioner, Dr. Cunningham, who, in virtue of his four years' service as secretary to the two above-named officers, is deeply imbued with the principle of separation, and doing all he can to widen the breach. Dr. Cunningham, by reason of his four years' education, may be fitted for his present appointment, but the system is to be decried; it is one that cannot last, and one, moreover, which we consider to be radically wrong.

Take this fact as an illustration. Dr. Cunningham never served with European troops, and has gained his sanitary experience of them, and of the country generally, from the knowledge he obtained while performing the routine work of secretary; yet every question, small or great, submitted for opinion to the Inspectors-General of Hospitals of the British or Indian Medical Services is finally sent to the Sanitary Commissioner for opinion and report before the Government of India will act on the reports of those who should be its medical advisers.

The Government, as recently as June last, recognised the principle that the Sanitary Commissioner, in all the presidencies, should be a medical officer. This was a step in the right direction, and the sooner a further recognition of the same principle is obtained, the better. The sanitary work should not be separated from the medical; it should be simply one of its branches. In the British Army the Sanitary is a branch of the Medical Department, and the same system should prevail in India. The present difficulties and incongruities would vanish if the sanitary administration reverted to what it once was—viz., a part of the medical, and under the influence of its head.

CAUTION TO STUDENTS.

AT this period of the year it not unfrequently happens that there are numerous petty thefts from the class and dissecting rooms, particularly of the larger schools. The gate porters are not always personally acquainted with those who attend the classes, and the occasion is seized by many of the light-fingered *chevaliers d'industrie* to pass in and appropriate books, instruments, clothes, and any other property which may be allowed to remain about. Last year a man was caught at the Middlesex and punished; he was recognised as having been frequently at Guy's and other hospitals, and the presumption was that a microscope lost about the same time was taken from the clinical room of Guy's by this or some other thief who had entered in this way. Young men from the country are apt to be extremely careless in leaving about their clothes, books, and instruments; and even older students are scarcely as cautious as they should be. In some of the schools proper places are provided for these articles, and we would strongly recommend those who wish to preserve their property to make use of them.

THE MATRICULATION AT THE UNIVERSITY OF LONDON.

THE following statistics relating to the recent Matriculation Examination of the University of London are of some interest. A total of 556 candidates presented themselves; of these, 265 passed, or about 48 per cent., 55 being in the honours list, 174 in the first, and 36 in the second division. As to the age of the candidates, 112 were sixteen years old, 114 seventeen, 85 eighteen, 51 nineteen, 27 twenty, 84 between twenty-one and twenty-four, 58 between twenty-five and thirty, and 30 above thirty years of age. Of the first batch, 20 were in the honours division, 40 in the first, 7 in the second, and 45, or 40·2 per cent., were rejected. The corresponding numbers in the case of those who were seventeen years old, are 12, 34, 7; and 61, or 53·5 per cent. Of those who were eighteen years old, 5 obtained honours, 28 were in the first division, and 10 in the second; 42, or 49·4 per cent., were rejected. The rejections in the other cases were as follows: 25, or 49·0 per cent., of those who were nineteen; 12, or 44·4 per cent., of those who were twenty; 48, or 57·1 per cent., of those who were from twenty-one to twenty-four years old; 39, or 67·2 per cent., of those who were above twenty-four and under thirty; and 70 per cent. of those who were above thirty. The total rejections in each subject were as follows:—Latin, 191; Greek, 114; French, 124; German, 3; arithmetic, 89; geometry, 82; English language, 104; English history, 137; natural philosophy, 217; chemistry, 117. No less than 86 candidates failed in six or more subjects, 35 in five, 36 in four, 42 in three, 43 in two, and 22 in one; and of these latter 13 failed in natural philosophy, 4 in chemistry, 4 in Latin, and 1 in French. Lastly, 126 candidates had been rejected at previous examinations, and of these 72 were once more plucked. It will be seen that the youngest candidates are much the best prepared.

THE SURGEON TO THE DUBLIN CITY PRISONS.

AT a late meeting of the Municipal Council of the city of Dublin, an application was read from Dr. Humphrey Minchin, the senior surgeon of the city prisons, requesting his salary to be raised from £200 per annum to £250, which up to 1867 was the amount of remuneration received by those holding the post. The Board of Superintendence recommended the Municipal Council to fix the annual salary at £250, which had been refused, and Dr. Minchin again brought the matter before the members of the Corporation. After a long discussion, a resolution to increase the salary was put to the meeting, when an equal number of votes were recorded for and against it; the casting vote, however, we are glad to say, was given in Dr. Minchin's favour by the chairman, Sir William Carroll, M.D., who said that, as an old medical man, and as one strongly desirous that the rights of his profession should be respected, he had great pleasure in giving his casting vote in favour of the resolution to increase Dr. Minchin's salary.

CORONER'S INQUESTS AND THE POLICE.

THE sudden death of a prostitute at Weston has afforded occasion to Mr. Coroner Craddock to lay down a doctrine which we cannot refrain from calling dangerous. It seems that the deceased had been ailing for some little time, that she exclaimed that she was dying, vomited a quantity of blood, and expired almost immediately. Various rumours about the cause of death were set afloat, and the local sergeant of police communicated with the Coroner. The Coroner left it to the sergeant to decide whether there was anything suspicious in the case; and the sergeant having declined to take on himself the responsibility of saying that there was not, a jury was called together, and returned a verdict of "Death from natural causes." The Coroner then apologised to the jury for having held an unnecessary inquest; and, in a discussion which followed, said that he was "entirely guided by the police." He added, in effect, that he held it to be the duty of the police to decide whether there was "anything suspicious" about a death, and that their judgment on this point would be his guide, even his sole guide, whether to hold an inquest or not. Against this doctrine we protest most strongly. The Coroner for

any district is surely intended to have a head, and to try to use it. In many cases the decision whether to hold an inquest would depend upon several considerations beyond the ordinary capacity of a sergeant of police. These considerations it is clearly the duty of the Coroner to weigh; and although he may with good reason look to the police to disregard mere gossip, and to furnish him with trustworthy statements of facts, yet it is surely his duty to use his own judgment, in place of relying upon theirs. We are glad to observe that members of the jury took this view in a very decided manner, and we think the sergeant showed much wisdom in declining the responsibility that the Coroner desired to cast upon him.

THE SANITARY ACT AND INFECTIOUS DISEASE.

THE medical officers of health to the Poplar Board of Works attended on Tuesday last, before Mr. Selfe, at the Thames Police Court, to make application for an order of removal of a family afflicted with a dangerous and contagious fever. It was proposed to send these infected people to the Fever Hospital at Islington, but they absolutely refused to go; hence force was necessary to compel them, they being a source of danger to another family occupying the same house, as well as to the inhabitants of a densely-populated locality. This was said to be the first application of the kind as yet made under the Sanitary Act, and the magistrate appears to have had some doubts whether he could make the order, inasmuch as the 26th section of the Act specifies that, "where a hospital or place for the reception of the sick is provided *within the district* of a nuisance authority, any Justice may, with the consent of the superintending body of such hospital or place.....direct the removal," &c. &c.; while in this instance there was no such hospital or place *within the district* of the authorities making the application, and he was asked to order the patients to be removed to an hospital *out of the district*. On the urgent representation, however, of the medical officers as to the emergency of the case, Mr. Selfe said he would take the risk of making the order, which was accordingly issued forthwith.

No doubt the wording of the 26th clause of the Act is such as to warrant the doubt Mr. Selfe entertained as to his power of action in the case before him; but the 37th section, as we read it, fully empowers the authorities of one district to make arrangements with those of another, or with "*any* person or body of persons having the management of *any* hospital," for the reception of sick persons. So we are glad to think that very little "risk" attaches to Mr. Selfe in respect of his praiseworthy desire to assist the sanitary authorities of Poplar.

THE CHOLERA INVESTIGATION IN INDIA.

WE are glad to learn that the Indian authorities have been very willing to do everything to further the investigation into the causes of cholera which has been initiated by the Sanitary Committee of the War Office. A small laboratory has been fitted up at Calcutta for carrying on the work. The Meteorological Department has undertaken, with the sanction of Government, to take the temperature of the soil in thirteen stations of Lower Bengal, together with the registration of the water-level. Some of the stations selected are notoriously liable to be affected with cholera, and others are considered exempt. Pettenkofer's theory as to the relation of cholera to variations in the level of the ground-water (certain other conditions also existing at the same time) is to have an extended trial. The sanitary commissioner, Dr. Cunningham, has represented the matter strongly to the Government, and orders have been issued for testing this connexion at almost all the military and civil stations of the north-west and other parts of India. There are five wells registered in various parts of Calcutta, and daily readings are being taken. From the examinations that have been carried out, it would appear that the tide affects the level of the subsoil water at Calcutta to the extent of five or six inches. The apparatus is a very simple one. A box, seven feet long, is suspended vertically over a well. At the upper end of this box is a wheel, over which a cord runs; one end being attached to a float, and the other to a weight which exactly counterbalances the float when in the water. The rise and fall of the weight is read off by means of a scale on the side of the box.

The microscopical examinations of cholera discharges are being carefully carried out, as well as the changes which take place in them under various conditions. As yet, however, the observations in India have not coincided with those of Professor Hallier; but it is only fair to state that this is confirmatory of Dr. Hallier's statement,—namely, that it was improbable the particular fungus described by him would make its appearance in the first cultivation. Experiments which were at one place commenced on rice-plants were, we hear, abruptly brought to a ludicrous end by the visit of a stray goat. The animal got upon the table where the pots were placed that contained the growing plants, and ate them! We have not heard what the effect was on this goat, which took part in a scientific inquiry by voluntarily subjecting his body for experiment. The fungi hitherto developed in cholera stools have been of the commonest kind, and precisely similar to those which have been grown in healthy stools and other media contemporaneously examined. Cholera discharges, even when removed from the intestines soon after death, are said to present an immense number of vibriones and bacteria, and in much larger quantities than any other kind of evacuation yet examined. These organisms are very lively for the first three or four days, when movement appears to cease. If a small portion of the evacuation, such as two or three drops, be added to an ounce of water, they multiply amazingly, commensurately with the amount of organic matter present in the water.

"WHAT BECOMES OF MEDICAL STUDENTS?"

THIS is the heading of a brief and brilliant article that forms a part of the fifth volume of the St. Bartholomew's Hospital Reports, recently published. Mr. Paget, the author of this article, has, with much labour and considerable perspicuity, given the reader an analysis of the careers of 1000 medical students, all of whom have been known to and observed by him, or by his colleagues, Mr. Callender and Mr. Thomas Smith, during a period of fifteen years. He has placed them in eight divisions, and tells us that 23 have achieved distinguished success, 66 considerable success, 507 fair success, and 124 very limited success; that 56 failed entirely, 96 left the profession, 87 died within twelve years of commencing practice, and 41 died during pupilage. Distinguished success is accorded to those who have gained important public appointments in hospitals or elsewhere, have maintained leading practices in very large towns, or have been teachers in great schools. Considerable success is ascribed to those who hold high positions in the public services or good leading practices; and fair success to those whose lot has comprised "that measure of well-doing which consists in having a fair practice (enough to live with), maintaining a good professional and personal reputation, or in holding ordinary appointments in the public services or in the colonies, and gaining promotion in due course of

time." It will be seen that this last class constitutes rather more than half of the total number, and hence it is to this class in prospective that our observations on these statistics should be specially and particularly addressed. There can be no doubt that the lives of all professional men in this country, as in all other walks of life, are made up of constant and continual struggles, and that the so-called battle of life has to be fought with more than ordinary energy and perseverance by medical men. But these figures appear most happily at the beginning of the winter's work, and show our neophytes that a fair and reasonable measure of success may be and is attained by those who enter the profession, and labour therein honestly, perseveringly, and well. Mr. Paget's paper is commendable, chiefly because it encourages all to work; because it shows that honest work results in fair success; and because it proves, as far as figures possibly can, that if a proper and persevering course of study be pursued, failure is very much the exception, rather than the rule. And, as Mr. Paget very pertinently remarks, "nothing appears more certain than that the personal character, the very nature, the will of each student had far greater force in determining his career than any helps or hindrances whatever. ..... The time and the place, the work to be done and its responsibilities, will change; but the man will be the same, except in so far as he may change himself."

QUEEN'S COLLEGE, BIRMINGHAM.

THE annual meeting of the Queen's College was held last week, and the report presented was, on the whole, satisfactory. The College has during the past year not only met its ordinary expenditure, but has paid off liabilities amounting to £273. The number of students in all departments has increased, and of forty-two medical students sent up for examination, only five were unsuccessful. The most unfavourable feature of the report is that which relates to the appeal for donations recently issued. Up to the present only some £500 has been received. A more generous response can alone preserve the College in its present form, but if rumour speaks truly the Council has recently received a very munificent offer of support under certain conditions. Whether this offer be accepted or not, the College property, if realised, would give a surplus of about £20,000, a sum that would amply suffice for the establishment of medical and theological departments on a less extensive scale. Freed from the results of past mismanagement, and started afresh with no debts, both departments would be self-supporting and prosperous.

DR. LIVINGSTONE AND THE MEDICAL CLUB.

THE continued advices from Dr. Kirk respecting the safety of the great traveller, and his possible early return to this country, are already exciting interest in medical circles. At a meeting of the Committee of the Medical Club on Wednesday, the following resolution, proposed by Dr. Richardson, and seconded by Mr. Edwin Saunders, was carried unanimously,—

"That Dr. Livingstone be elected an honorary member of the Medical Club, and that the honorary secretary be requested to write to Dr. Kirk, conveying to him, for Dr. Livingstone, the above resolution, and expressing the gratification which it will afford the members and Committee to offer to Dr. Livingstone a home at the Club on his return to England."

The Medical Club has thus performed an act which is, we think, both graceful and appropriate; for although there is hardly an English home which would not open its doors to the illustrious explorer, the members of his own profession should certainly be the first to offer the fitting hospitality.

THE FLYING SQUADRON.

WE have much satisfaction in informing our readers, upon official authority, that no directions as to the consumption of coal in the flying squadron have recently been issued by the Admiralty; and hence, if the report alluded to in our last week's impression be correct, the responsibility for this petty economy in the matter of water rests with others. We have heard nothing at present to enable us to contradict the report that both officers and men have been placed on a daily allowance of water for drinking purposes amounting to about three half pints, and we consider it the duty of "my Lords" to inquire strictly into this question. If, as there is reason to suppose, general instructions as to economy in fuel have led to special thrift even in matters that affect the sanitary welfare of the men, the Admiralty authorities should so instruct those under their command that a distinction *with* a difference shall be drawn between cheeseparing measures that affect human health, and those that only influence the speed and smartness of our ships at sea.

THE INQUEST AT WEST HARTLEPOOL.

WE are glad to observe that Mr. Settle, the Coroner for the county of Durham, has entirely exonerated himself from any complicity in the censure upon Dr. Oldham, on which we made some comments last week. In a letter to the *South Durham Mercury* Mr. Settle says:—

"I neither wrote down, nor considered as part of my verdict, the proposed censure upon the two medical gentlemen, but I distinctly told the jury that a case had been some time ago decided, 'that Coroner's juries have no right to make imputations under the semblance of authority; only to decide upon what is submitted to them.'"

Upon this letter the Editor cruelly observes that it so completely shifts the *onus* of the mistake from the shoulders of the Coroner to those of the jury, that "he appends their names for the public information!" Alas, poor jurymen!

MEDICAL REFORM IN HEREFORD.

THE Hereford Medical Association, in its annual report, has some very sensible observations on the present state of the question of medical reform. It admits the good done by the General Medical Council, but says that it may be considered to have represented rather the Colleges than the profession. "The time has now arrived, however, when the Colleges must submit to reform, and a General Council composed chiefly of the representatives they have nominated can scarcely be expected to effect this change." Its principal suggestions are, that the General Council should truly represent the profession; it should be more independent, have greater power of carrying out its decisions, and be much less numerous. A new Medical Act, besides giving such a Council, should create a single examining board in each of the three kingdoms.

TESTIMONIAL TO MR. SYME.

A PUBLIC meeting is to be held on Wednesday, Nov. 10th, at St. James's Hall, Regent-street, to initiate a testimonial to Mr. Syme. It is proposed that this testimonial should take the double form of a marble bust of Mr. Syme and a Fellowship, to be called the Syme Surgical Fellowship. The chair will be taken by Dr. Lyon Playfair, C.B., M.P. The gentlemen who have already agreed to act upon the general committee are numerous and influential, and show the place which Mr. Syme has in the esteem not only of his pupils, but of all who feel an interest in the science and art of surgery.

Mr. Syme has been an originator in surgery, and has either introduced or established some extremely valuable

operations, especially excision of the elbow-joint, his own amputation at the ankle-joint—which certainly used to leave wonderfully good stumps in Edinburgh,—and removal of the upper jaw.

No doubt Mr. Syme has had his peculiarities as a man, and has occasionally by his style provoked opposition. But those who knew him best have always liked him most, and the time has now fully come for all his faults to be forgotten in gratitude for the services which he has been rendering to surgery, and through it to mankind, for a generation back, and which he has done his best to perpetuate by the enthusiasm with which, down to this year, he has taught his pupils the great principles of his own successful practice.

VACCINATION AT GATESHEAD.

VACCINATION in the Winlaton district has been brought to a stand, according to Dr. Meggett's statement, by two women, whose children had been vaccinated on the previous week, not coming with their little ones. Dr. Meggett suggested that a summons should be issued to deter parents from such negligence. One of the guardians thought that Dr. Meggett should have fortified himself with a supply of lymph from London. We think the more of him as a public vaccinator for vaccinating from local supplies, of the character of which he can judge. The *Gateshead Observer* points out the intensely absurd character of the anti-vaccination nonsense that is being talked—an example that provincial journals would do well to follow.

PRESTON MEDICAL SOCIETY.

WE are glad to see that an effort is being made in Preston to raise the remuneration of medical officers of sick clubs. This, hitherto, has been absurdly low—viz., 2s. per head. The modest attempt now made, initiated by a resolution of the Preston Medical Society, is to get 3s. It is wise to rise gradually, but three shillings is not sufficient. It is possible, as experience shows, that an attempt may be made by the clubs to get an officer on old terms. We hope that no qualified man will so demean himself as to respond to any such invitation. And until the contrary appears, we shall believe that the clubs will follow the good examples that have been set in various places.

THE DETECTIVES AND INDECENT BILLS.

IT is very gratifying to see that the detectives have their eye upon the wretches who circulate indecent handbills, and who cause them to be distributed. A few days ago, a man named Du Brange, who described himself as a graduate of Giessen, was fined by Mr. D'Eyncourt, at Marylebone Police Court, forty shillings, or in default of payment to undergo fourteen days' imprisonment, for employing one Leonard to distribute such bills; and Leonard was fined ten shillings, or in default to be committed to prison for seven days. Du Brange paid the fine, and said the exposure would be his ruin. We can only hope that the detectives will continue this urgent service, and be the ruin of the whole fraternity of filthy quacks. Almost greater than the nuisance of having such bills distributed in the streets promiscuously to ladies and others, as in this case, is that of sending them through the post to respectable heads of families, to be opened by them perhaps in drawing-rooms, as in an instance lately reported to us. The detective in the above case deserves great praise.

HOSPITAL NURSES.

AT a quarterly meeting of the Committee of the Birmingham Training Institution for Nurses, held last week, it was reported that the staff now consists of three trained nurses, and eleven probationers, of whom two are employed in private families, while the remainder are engaged in hospital nursing. The Home does not at present afford room for a larger number of nurses, but the increasing number of applications made for their services must soon necessitate an increase in the staff. In addition to the work the institution is already doing at the General and Queen's Hospitals, it is in contemplation to undertake the whole of the nursing at the Children's Hospital. Meanwhile the funds steadily grow: the donations now amount to £813, and the subscriptions to £250.

UNIVERSITIES OF GLASGOW AND ABERDEEN.

THE nomination of candidates for the representation in Parliament of the Universities of Glasgow and Aberdeen took place on Tuesday last within the Fore-hall of Glasgow University. Mr. Archibald Smith, of Jordan-hill, was proposed by Mr. Towers Clark, and seconded by Dr. Eadie. Mr. Edward S. Gordon, Q.C., was proposed by Mr. Leslie, and seconded by Mr. C. Donald. A show of hands was taken, and declared to be in favour of Mr. Gordon; and a poll being demanded on behalf of Mr. Smith, it was fixed to open on Monday next, continuing for five days. We trust that Mr. Gordon will receive the unanimous support of the medical graduates.

THE EAST LONDON WORKHOUSE.

THE defects in this workhouse, which, by the way, had been frequently denounced by the medical officer, Mr. Clarke, are already in course of removal. We believe that it is the intention of the guardians to pull down the in firmary and erect a new one. The building, although unsuited to the purpose, has been made as clean as possible, and a committee have reported that the regulations are now good and the inmates well cared for.

THE PROPHYLACTIC ACTION OF COPPER IN CHOLERA EPIDEMICS.

AT a recent meeting of the Clinical Society, it was stated by Dr. Clapton that his investigations on the effects of copper upon the system had elicited the remarkable fact that men engaged at the various copper-works in London always escaped cholera and choleraic diarrhœa during great epidemics. That such an immunity is really afforded by the action of this metal seems now to be a well-attested fact, since Dr. Clapton's statements have lately been confirmed by some statistics communicated by M. Burq to the French Academy of Sciences. M. Burq states that during the epidemic of 1865-66 in France, only 1 out of every 1270 workers in copper was attacked, the total number of individuals thus engaged being 37,000. With workers in iron and steel, on the other hand, 1 out of every 209 was attacked; and of those engaged on other metals than copper or iron, 1 out of 178.

AT a meeting of the supporters of the Plymouth Royal Eye Infirmary on the 29th of October, Mr. Square, jun., was elected surgeon in the room of his father, resigned. Mr. Square, sen., was also appointed consulting surgeon, after some complimentary remarks on his long and skilful services.

THE Compulsory Vaccination Act has not been the failure that some people would have us believe. Dr. Ross, the medical officer of health for St. Giles's, has recently inquired into its operation in that populous district, and, in a report to the Board of Works, states that "during the year 1867, the year preceding the operation of the new Act, the mortality from small-pox was 31. On Jan. 1st, 1868, the Act

came into force, and during that year the mortality sank to 6; whilst during the last nine months of the year 1869 there has not been registered a single death from this disease."

M. RICORD has been officially appointed consulting surgeon to the Emperor of the French. His constant attendance on the Emperor during his Majesty's late illness accounts for this nomination. M. Ricord has just returned from the palace of St. Cloud, where he had been invited to spend three days in shooting; and this, coupled with the fact that the Emperor had experienced some rheumatic pains occasioned by the cold weather, brought about a report in Paris that he was still suffering from his recent malady; there is no foundation, however, for the report.

THE Wrington Village Hospital has now been in operation five years, to the infinite comfort both of the poor and the medical practitioners in the treatment of severe cases of disease that require judicious nursing. In a report of this little cottage hospital which has just come to hand, it is stated that during the past twelvemonth twenty-eight cases had been admitted, with signal advantage. The inmates cheerfully pay a small weekly sum towards their maintenance. We are glad to find that the advantages of the hospital are open equally to all medical men in the neighbourhood, those who are near enough taking charge of the patients, whilst the local medical officer carries out the necessary treatment in the case of those who can only pay infrequent visits. The patients have the advantage, too, of the combined skill of several medical practitioners in cases of emergency or difficulty. This is as it should be.

THE public are not likely to suffer from any dearth of scientific literature. In addition to the numerous publications dealing with scientific questions in a popular form, a new one has been started by Messrs. Macmillan and Co., under the title of "Nature." The first number having been received as we are going to press, we must content ourselves with calling attention to the scientific and literary eminence of the names of the various contributors, and to the variety of interesting subjects which we are promised shall appear in early numbers of the periodical.

JUDGING from a fact which has been made public by the Secretary of the Home Cattle Defence Association, the kind of inspection practised in our ports is of very little use as a means of preventing the transmission inland of diseased cattle imported from abroad. A number of foreign sheep were discovered last week in the Metropolitan Cattle Market to be in such an advanced stage of disease that signs of it must have been visible at least a day prior to their debarkation at Harwich, where they were nevertheless passed as "sound."

THE *Western Morning News* states that for the last two years the beautifully situated town of St. Ives has never been without cases of typhoid fever. The disease first visited Halsetown, an undrained village near St. Ives, where the whole population seems to have suffered from it. It is needless to say that typhoid fever does not exist without a cause, and probably that is not far to seek if the search were properly made.

WE observe that a movement has been set on foot relative to the burial grounds of the metropolis, which have been now for some time closed against interments, the object being to get them properly laid out and ornamented, and then thrown open to the public as places for quiet and orderly recreation. Under suitable regulations, such a measure would have our entire sympathy, because of the boon it would be to the poorer classes, whose need "open spaces" is an increasing one.

IN London last week 229 deaths from scarlet fever were registered. Of these fatal cases, 154 were of children under five years of age; all the others, with only five exceptions, occurring under twenty years of age. The force of the epidemic continues to be fully sustained.

THE election of a person to represent the University of Cambridge in the General Council of Medical Education and Registration was held on the 2nd instant. Professor Humphry was elected, but votes were given also for Mr. Lestourgeon, M.A. of Trinity College. The numbers were —for Professor Humphry, 71; for Mr. Lestourgeon, 15.

THE PATHOLOGY OF TUBERCULOSIS.

IN the recently issued Eleventh Report of the Medical Officer of the Privy Council is an account by Dr. Sanderson of further experiments and observations on the inoculability and development of tubercle, which give completeness to the inquiry into the subject of the artificial production of tuberculosis, and are sufficient to enable him to draw a series of very important general conclusions on the subject. In a prior Report Dr. Sanderson had stated that the disease resulting from inoculation might be regarded as an overgrowth in the affected parts of those structural elements which they have in common with the pulp contained in the alveoli of the lymphatic glands, and that it was brought about in rodents, not merely by the inoculation of tuberculous matter, but by the production of sufficient irritation in the subcutaneous cellular tissue, or external injury even; the final conclusion on this point being, that the results of tuberculous inoculation could no longer be regarded as necessarily dependent upon any property or action possessed by the inoculated material in virtue of its specificity or the fact of its having been obtained from a tuberculous individual. So far Wilson Fox, Cohnheim, Fränkel, and Sanderson, working independently, have arrived at a precisely similar opinion, as also in the view that there is structural identity of artificial tuberculosis with miliary tuberculosis in man. It is a different question as regards the varied conditions included under the term tubercle in its widest sense. Dr. Sanderson's further inquiries were directed to the amplification and elaboration of the general results already obtained by experiment; and these we proceed now to notice.

In the first place, as before observed, the new growth, or so-called tuberculous deposit, is identical with the alveolar pulp of lymphatic glands, which is termed by Dr. Sanderson "adenoid tissue;" and he is led to believe that the characters of the latter belong much more generally to tuberculous growths than is usually supposed, and, moreover, that normal tissues of the adenoid type are more liable to become the seat of the tuberculous process than others.

Though known for some time, and well described by foreign observers, this adenoid tissue, called by Kölliker "Cytogene Bindesubstanz," is but slightly recognised by English writers, as may be seen by a reference to the description of lymphatic glands in any of the ordinary textbooks in use in this country. The first step towards a more exact knowledge of the subject was taken in 1852–53, when Brücke and Donders showed that the alveoli of glands were not mere dilatations of lymphatics, but that they contained structures of considerable complication; that, in addition to the lymph-corpuscles which were before thought to be the sole occupants of the alveoli, each alveolar cavity is permeated by a network of transparent fibres. They further showed that this network is so arranged as to form a

flask-shaped body—since called by His an ampulla,—the contour of which corresponds to that of the cavity (alveolus) which it occupies, being, as it were, suspended in it by delicate strings of transparent connective material, which stretch across the space between its outer surface and the inner surface of the alveolus. It is important, pathologically, to know the relation which the vessels bear to this structure. The afferent lymphatic vessels spread over the surface of the medullary substance of the ampullæ, and get to the spaces surrounding the ampullæ and their connecting cylinders—for the alveoli communicate,—forming lymph-sinuses. In what way these latter open into or join the efferent vessels is doubtful. The bloodvessels ramify through the network of the ampullæ; so, says Dr. Sanderson, "it appears that in their relation to the adenoid tissue, which constitutes the ampullæ and cylinders, there is a complete antagonism between the lymphatic and blood circulation. Whereas the blood capillaries are richly distributed throughout the adenoid tissue, the lymph stream is separated by the densely felted fibres within which the adenoid tissue is comprised." Now in the glands, spleen, &c., the adenoid tissue makes up the bulk of the organs; but it is found in scattered masses in the mucous and serous membranes by Dr. Sanderson in abundance, and has been recently casually noticed by Kölliker and Knauff of Heidelberg in the peritoneum. Other observers have likewise found it beneath the mucous membrane, in the fauces and pharynx, and throughout the small intestine in relation with the submucous network of lymphatic vessels. It would seem to be absent from the respiratory passages, but Dr. Sanderson detects it again throughout the lung in the neighbourhood of the bronchi, in connexion with the arterial capillaries and the lymphatics, as in other cases. The liver is also studded by adenoid masses betwixt the portal vein and bile ducts. It seems that these adenoid masses must be concerned in the elaboration of blood-corpuscles, and, from the fact of their being acutely changed in connexion with inflammatory and other conditions, that they are absorbents also, morbid material passing through them. Adenoid tissue exists, therefore, in those localities where tubercle is wont to be found, for that is the point of interest to the physician. It is impossible here further to describe the elaborate examinations made by Dr. Sanderson; suffice it to say that he traces out in great minuteness the distribution of the adenoid tissue in intimate relation with the lymphatic system.

It is this adenoid tissue that gives origin to the tuberculous material in the artificially induced disease. In the peritoneum, tuberculosis "primarily consists in the enlargement or overgrowth of these sheaths or microscopical masses of adenoid tissue, and consequently the tuberculous nodules which are formed have the same intimate structure, and stand in the same anatomical relation to the vessels and epithelium. In the viscera, the essential lesion also consists, not in new growth, but in overgrowth of pre-existing masses of adenoid tissue." At the seat of inoculation, like changes antecede, though the adenoid growth cannot be shown to be in any close relation with the lymphatics; but the latter are concerned in the dissemination of the inoculated material which is conveyed by them and the veins to the glands, getting access thence by the arteries to the system generally, and so disseminated, being specially appropriated by the serous membranes. The final stage in the process "consists in the tertiary infection of the glands of each diseased organ, which glands consequently undergo enlargement and induration, and eventually become caseous. The enlargement is due to the multiplication of cells in all the tissues of the organ, but more particularly in the alveoli; the hardening to a process of fibrous degeneration; while the caseation consists in a slow necrosis of the previously hardened and anæmic parts. From the first the gland is incapable of performing its functions; but it is not until induration commences that the absorbents of the organ to which it belongs are completely obstructed."

Such, then, is the nature of the pathological changes that take place, according to Dr. Sanderson, in artificially induced tuberculosis. In estimating the causes of disease, physicians have been accustomed to think but little of the influence of the lymphatic system; but these researches of Dr. Sanderson and others seem clearly to show that it plays a very essential part in healthy nutrition, and also in the production of disease through its absorbent function, when infecting material is brought within its reach.

Dr. Sanderson finally admits that as regards the question of a specific contagium of tubercle, the existence of the latter is not disproved by the facts of traumatic tuberculosis. It has yet to be shown that injuries in which air is excluded from contact with the injured part can originate a tuberculous process. In the case of five guinea-pigs, no ill-results followed the fracture of both scapulæ without rupture of integuments; nor did untoward consequence ensue in any one of five others which were wounded by setons steeped in carbolic acid. No doubt we shall get some further observations upon this interesting point.

HOSPITAL STATISTICS.

THE new volume of "St. Bartholomew's Hospital Reports" contains an important contribution from Mr. Callender to the subject of "hospitalism," which is at present stirring the depths of the medical world. Mr. Callender's paper has been called forth by those which have appeared in the *Edinburgh Medical* and other journals. We shall attempt to afford our readers a *précis* of the more important objections to the statistical reasoning of Sir James Simpson, reserving their full discussion until another opportunity. Mr. Callender, referring to the statement that the mortality after primary amputations of the thigh is nearly *twice* and a *half* as great in large hospital practice as it is in country practice (1 in 1·5 as compared with 1 in 3·9), says that this does not accord with the experience at St. Bartholomew's Hospital. Of 313 such amputations in country practice 80 died; and of 23 similar amputations in St. Bartholomew's, 7 died, or in the proportion of 1 in 3·9 to 1 in 3·2. He next adverts to the lumping together of all operations on the upper and lower extremities, which, he declares, leads to an inference that is unfairly unfavourable to the hospitals. The higher the proportion of arm and forearm amputations the less will be the mortality in the gross total; and the proportion of amputations of the upper to the lower extremities is different in the case of country and hospital practice. The proportion is 1 to 1·5 in the former, and 1 to 2·8 in the latter. The returns of St. Bartholomew's Hospital show that nine years (in sixteen) elapsed without a single death amongst 78 amputations of the upper extremities, and the results obtained in this, which ought to be possible, he thinks, in any other hospital, are quite as good as those obtained in country hospitals. Mr. Callender next gives some tables contrasting the total mortality of all amputations and the mortality of individual amputations at St. Bartholomew's with those of country cases, and he proceeds to trace the course of curious fluctuations in the death-rate, at different times, after operations, which he attributes to disturbing causes that are irrespective of the health condition of the hospital. He thinks that the existence of such fluctuations is an evidence of this, and he refers to the varying severity of the diseases for which amputations are obligatory, and the character of the material which in each case comes for treatment, as the main causes influencing the results. We are here tempted to raise an objection which occurs to our mind. If the death-rate after amputations showed these fluctuations, before the relative increase of fatality of one period as compared with another can be referred to causes not intrinsic to the hospital, we must know of what diseases those patients died that served to swell the ordinary rate of mortality. If they died of affections usually held to be at-

tributable to nosocomial causes, it ought then to be ascertained whether there was any undue prevalence of zymotic disease at the time, or in the locality from which those patients were drawn.*

To continue, however. Mr. Callender, in reference to the material operated on, proceeds to show that one class of patients—viz., those coming from country districts to St. Bartholomew's Hospital, forms an exceptional group. Comparing the results of amputations on this class of patients with those recorded by Sir James Simpson, he endeavours to prove that country patients recover in St. Bartholomew's Hospital after amputations as well as country patients in private practice. The remarkable difference in the mortality after operations performed on country patients, as compared with the mortality after all amputations in St. Bartholomew's, is, he thinks, quite conformable to what we know regarding the different values of lives in large cities as compared with those in less populous places.

In the next part of his paper Mr. Callender discusses the results of amputations in country hospitals, giving the number of beds in the different infirmaries, and showing that the relative mortality after amputation was not in any direct ratio to the size of the hospital. He then institutes some comparisons between similar hospitals in the same or similar localities, with the view of indicating the wide differences which exist between them as regards their death-rates. The influence of special and personal causes as determining the results is dwelt upon in relation to severe railway accidents, multiple injuries, &c.

Mr. Callender concludes by saying that "If we take 157 returns of 1319 cases in private country practice, which returns give the experience of practitioners *each of whom has operated, on an average, in 8 cases*, and which are in marked contrast with the 217 returns of 779 cases, with *an average of only 3 cases to each return*, and in which not one single death is recorded,—if we take, I repeat, the 157 returns we have the following figures:—

Mortality after all Amputations.

Country hospitals, . . 1 in 5·7 died; or 17·5 per cent.
Country cases in London, 1 in 5·8 died; or 17 ,,
Country private practice, 1 in 5·8 died; or 17·1 ,,

No one can fail to notice how closely these experiences agree. Is this a mere coincidence? Is it not rather the common-sense truth about this question of the death-rate after amputations performed on country people here and elsewhere?"

THE COLLEGE OF SURGEONS, DUBLIN.

ON Monday, October 25th, the opening address for the session was delivered in the theatre of the Royal College of Surgeons of Ireland, by Professor Rawdon Macnamara, President of the College. After taking a rapid survey of the medical horizon, the lecturer proceeded to combat the notion entertained in some quarters that systematic lectures are superfluous, and urged the advantages both to students and medical science of there being so many active minds constantly engaged in the direction of medical study. Mr. Macnamara urged the students not to imagine that their youth was a bar to distinction, and quoted numerous historical instances of renown achieved in early years to demonstrate the fallacy of the argument. Turning to the question of professional examinations, the lecturer took credit to the College of Surgeons for not having reduced the standard of their tests, although they found that Irish students occasionally sought the sister countries for a qualification after being rejected in Dublin. He deprecated the formation of a new examining board, whether under Government auspices or otherwise, and protested warmly against any system of centralisation which would deprive Dublin of the medical schools. In conclusion, Mr. Macnamara threw out the following suggestions for the General Medical Council when legislating upon medical education:—

"First,—Let no pupil be permitted, unless under special circumstances, to seek his licence in any other division of the empire than that in which he was educated. Should any special circumstances arise to render it desirable that he should resort elsewhere for his licence, let him state such circumstances to the Branch Medical Council for his division of the kingdom, and let them issue to such corporation, if they think fit, a *liceat ad examinandum*, without which it shall be illegal for them to do so, and for an infringement of which regulation the offending corporation shall be reported in the proper quarter, and the party who has thus wrongfully received its licence shall not be entitled to have it placed upon the Register.

"Second,—Let all the corporations keep a list of such candidates as they have found it necessary to remit back to their studies, and let copies of such lists be forwarded with the least possible delay to all the other corporations.

"Third,—Every registered candidate should be made acquainted with the cause of his rejection; he should not be allowed to present himself anywhere for examination within a period of six months from his former rejection, nor without producing satisfactory evidence of having devoted his attention to that subject upon which he had previously failed.

"Fourth,—To secure in a more efficient manner the carrying out of this third suggestion, the rejected candidate should not be permitted to have back his certificates from the College in which he had lodged them until his term of probation had expired."

SCARLET FEVER.

WE have more than once directed attention to the epidemic of scarlet fever in London, which now for the fifth week in succession has carried off more than 200 persons, and is evidently advancing rather than receding in its progress. The Registrar-General's Quarterly Return shows that, not in London only, but all over the country, the disease is raging with greater or less severity. Scarcely a district out of those for which the "notes" of the registrars are given—and these unfortunately represent only a section of the returns for the whole country—but gives tidings either of fatal cases or of attacks whose results will only be apparent in the Return for December. In Croydon subdistrict scarlet fever caused 32 out of 343 deaths; in Dartford, 8 out of 82; in Shoreham, 7 out of 33; in Alton, Hants, 22 out of 85; in St. Mary, Reading, 29 out of 89; in West Wycombe, 23 out of 49; in West Ham, 39 out of 259; in Egloshayle, 4 out of 30; in Road, Frome, 2 out of 10; in Shrewsbury St. Mary, 17 out of 109; in Oldbury, West Bromwich, 39 out of 140; in Sedgley, Dudley, 22 out of 211; in Holy Trinity, Coventry, 36 out of 125; in North-East Lincoln, 6 out of 33; in Barton, Glauford Brigg, 6 out of 59; in Ilkeston, 45 out of 114; in Belper, 7 out of 69; in Lever, Bolton, 27 out of 85; in Whitworth, Rochdale, 25 out of 75; in Clitheroe, 14 out of 68; in Blackburn, 86 out of 477; in Kirkham, 9 out of 45; in Dalton, 12 out of 102; in Horsforth, 9 out of 47; in Darton, 14 out of 40; in Drypool, 14 out of 81; in Hornsea, Skirlaugh, 8 out of 22; in Scarborough, 42 out of 183; in Hutton Bushell, 8 out of 21; in Lythe, 13 out of 32; in Tanfield, 18 out of 71; in Chester-le-street, 23 out of 132; in Winlaton, 14 out of 94; in North Shields, 20 out of 105; in Whitehaven, 10 out of 69; in Coleford, 25 out of 62; in Llangafelach, 8 out 81; in Swansea, 77 out of 266. It needs to be remembered that scarlet fever in its most fatal epidemic year, 1863, caused only 65 out of every 1000 deaths throughout the whole of England, in order to understand the significance of proportions such as we have instanced above.

* Mr. Callender since this article has been in type has been kind enough to forward us a copy of the paper read by him before the Medico-Chirurgical Society, but we have not yet had time to analyse his tables. We have ascertained, however, that no conditions outside St. Bartholomew's Hospital were recognised as influencing the results. In 1856 and 1863 respectively there were five and eight consecutively fatal cases, but the deaths were due to a variety of causes, and not to any one more signally than the rest. Mr. Callender has kindly informed us that, whilst thigh amputations are very fatal in a given year, leg amputations recover well, and the reverse; and he cites in corroboration of this statement the death-rates after leg and thigh amputations for disease in 1857. If the hospital condition affected the cases, it ought to tell in one set as much as in the other.

Correspondence.

"Audi alteram partem."

THE SERPENTINE.

To the Editor of THE LANCET.

SIR,—Under temporary retirement from London duty, I read in the daily journals with grief and dismay of the poisoned atmosphere now hanging over Hyde Park, and wafted from its lawns and groves, as the wind may happen to blow, through every street in its otherwise healthy neighbourhood. You, Sir, with other chief tribunes of the press, can check this fast swelling tide of mischief, if you will so to do. For God's sake (not irreverently written), for the sake of the sound and the sick, of wife, mother, and child, of master and servant, say the word, and stay the coming plague. The nausea, the headaches, the shiverings, prostration, and vomitings of which panic-stricken "correspondents" tell us from day to day, all come from one simple, absurd act, that of "turning off" the water of the Serpentine. Tell those who played this foolish hydraulic trick to "turn it on" again without an hour's delay. There is no present remedy but this. Let a layer of deep fresh water be placed between the foul lower mud of our London summer ditch bath, and the blood fountain in the breathing lung of those who walk, sit, stroll, or sleep within its influence; and, this done, many a nursery will not be made desolate in the latter autumn of 1869.

Three times I have been "up" on this matter of the Serpentine with three several deputations to three different Ministers of the Works at Whitehall. Three times have I left the presence-chamber with the full conviction that the deputations were as far from use or end in their purpose as the mummers at Christmas time! On the last occasion of this public remonstrance, at the first spoken hint of "drawing off" the water from the lake, and "carting off the mud," I strongly denounced the suggestion, and implored the Chief Commissioner to lend no ear to any such dangerous proposal. I sketched, in few words, a plan, which I now submit, with your permission, to the engineers employed in this most serious and important work.

Let the water be dammed off, by circular piles, from the deep holes in the old gravel-pit of the bed of the lake. These holes are all well known, and vary from ten to twenty or thirty feet in depth. In them lies the bane of West London life and health, the long-stored ferment and filth of decayed vegetable growth and rotting animal structure. In every hollow cylinder thus secured by the water-dam of piles, let a limekiln be set up, after lavish sluicing of the lower mud by chloride of lime or other approved disinfectants. Let the kilns be kept in full activity, night and day, for a week at least. So will the remaining noxious vapours be sucked up, and decomposed in their escape through the burning lime in the kilns of the several cylinders. So will the foul mud at the bottom of the cylinders be thoroughly dried and hardened, subsiding, in the end, to a firm composite level. The shallow margins of the lake are pebbly, sandy, and comparatively pure. They may be cleaned by dredging under water, and by a more frequent flushing of the water-supply. I obtrude, Sir, much on your space, but I claim licence only for this last renewed warning: Turn on the water in abundance without delay! Do nothing more this autumn! Never again uncover the mud, and never dare to stir it, or "cart it off," in respect for human life, and under risk of pestilence and death. In the question of cost, well-burnt lime, be it remembered, sells in the market. To the "rates," the result in every case would be gain.

Suffer me, in extenuation of my earnestness, to plead, that I have lived—I, my wife, and children—in close neighbourhood of Hyde Park for more than forty successive years; that I know it, in every path and tree; that I love it, and glory in it; that what health I hold, or care to keep, I owe in great part to the open freshness of its pastures, and the solace of its shades.

I am, Sir, your faithful servant,

JAMES ARTHUR WILSON, M.D.,
Consulting Physician to St. George's Hospital.

Rose-hill, Dorking, Oct. 25th, 1869.

ON MECHANICAL SUPPORT DURING LABOUR.

To the Editor of THE LANCET.

SIR,—There is doubtless a marked difference between parturition among savage tribes and that which obtains in the higher race. In the latter, loss of muscular power, inertia of the uterus (with, of course, tendency to hæmorrhage), and inability to endure the pain attendant on the process of parturition, are difficulties to be overcome by the accoucheur. He has to contend with the effects of so-called fashionable life—the style of female dress (especially tight-lacing), late hours and their concomitant evils, and similar causes. That these superinduce great loss of abdominal muscular power is very evident from the flabby, pale appearance of the abdominal muscles, so frequently met with in the dissecting-rooms and post-mortem examinations.

To remedy the results of such an abnormal condition we need all means that can be devised, and it appears to me quite superfluous to argue that mechanical appliances have as great scope in modern obstetric practice as in the treatment of disease generally.

For the last five years I have in almost every case of labour which I have attended used some modification of the following instrument, which may be justly termed an "obstetric support." It consists briefly of a jointed plate well padded, on the posterior surface of which two springs are hinged, having their common centre formed by a rack and pinion hinge, by moving which the springs assume an arched form. To the extremities of the springs is attached a belt which encircles the abdomen, so that in their effort to take a curved form force is exerted both anteriorly and against the pad forming the centre of the arch. Its objects are:—

1. To encircle the abdominal muscles, and thereby give a general feeling of support to the parturient woman.

2. To ensure generally the due contraction of the uterus, thus to some extent expediting delivery, and, by preventing the afflux of blood into the placental vessels, to materially lessen the danger of flooding.

3. To rectify, when necessary, a common malposition of the uterus—viz., when it is too forward and low down in the pelvis, the lower anterior portion of the body of the uterus being in front of the head of the child.

4. To give efficient support to the back, the more fully to achieve which object extra pressure by the hand of the nurse can be very effectually employed through its means.

If the expressions of patients are any criterion, these objects are more or less fully accomplished. Such as the following have frequently been made by them:—"It helped me very much," "It took away half the pain," "I could not have gone through my labour without it," and many others of like nature. In my notes of cases, I have marked several where labour has terminated shortly after the application of the support.

The instrument was exhibited at the Obstetrical *soirée* in London, in 1866, on which occasion it received very favourable mention in THE LANCET report of that far-famed meeting. It was also shown at the meeting of the Obstetrical Society on October 6th of the present year.*

It is very portable and inexpensive, fitting into a small-sized satchel, or easily carried in any obstetric bag. I may add that it can be obtained of Mr. Plant, Worcester, and that I have no pecuniary interest whatever in its sale.

Should any practitioner be inclined to make a trial of the instrument, I shall feel much obliged if he will, with your permission, kindly report the result in the pages of THE LANCET.

I am, Sir, your obedient servant,

Worcester, Oct. 26th, 1869. WM. WOODWARD, M.D.

* See THE LANCET, Oct. 16th, 1869.

MEDICO-SANITARY MATTERS IN JERSEY.

To the Editor of THE LANCET.

SIR,—"Jersey practice" is now in a fair way of becoming as proverbial as "Justices' justice;" and the anomalous constitution and peculiar procedures of the States and Royal Court, and the empty condition of the island ex-

chequer, are now pretty well known. Some defects of the law, however, at least as important as any that have been brought before the public, have hitherto escaped the notice of the press, and to these I would direct your attention.

There is no Medical Act in operation in the island, so that quackery in all its force flourishes unchecked. No medical certificate of death is required by law. The death must be reported within a certain time after its occurrence, but the information can be given by anyone present at the death, or during the fatal illness. It is true that the registrar endeavours to supplement this defective system by ascertaining the name of the medical attendant to whom he could refer if necessary, and that in the case of the more respectable inhabitants the undertaker generally gets the cause of death from the medical man, and gives the information to the registrar; but it is obvious that where a medical certificate is not regularly exacted, a wide door is left open to crime. There is no Compulsory Vaccination Act, so epidemics of small-pox, when they occur, are extensive and fatal; and that the disease in a severe form is frequent is evidenced by the number of pitted faces one meets in the streets.

There is no provision made by the authorities for out-door medical relief to paupers. The sick poor of St. Helier's and its suburbs have the dispensary, and the gratuitous services of the medical officers of the Parochial Visiting Society to look to; but the dispensary's sphere of action is necessarily limited, and the Society has had to suspend its operations from want of funds.

The evils entailed by these defects in the law are obvious enough; they are felt every day, and urgently call for some remedy. I am, Sir, your obedient servant,

October, 1869. QUIS.

ST. BARTHOLOMEW'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—I am what is called an unfortunate, and I am compelled by a disease, the newest name for which is I believe "contagious," to be an inmate of St. Bartholomew's Hospital. I hear you have been so kind as to take compassion on the nurses and out-patients, and I hope you will listen to my complaint. I have no wish, Sir, to lay any claim whatever to more modesty than others of my class, but even unfortunates have their feelings, and mine are wounded by the disgusting manner in which I am compelled to expose my person and my malady to the curious gaze of a crowd of young gentlemen, whose titterings cannot entirely be suppressed, and whose sense of decency is not likely to be made better by the sight. The ward is called "Magdalen," but the practices carried on it are more calculated to drive one to despair than repentance. The room is dark, and the beds are placed against the wall. When the surgeon comes round he brings a candle, borne in a cellarman's candlestick, and without any ceremony whatever, he orders us to show our disorders with our own hands, and thrusting forward his light he makes his remarks upon our cases. In the dark days a second candle is required, and the nurse or dresser is the bearer. Hardened as our feelings are supposed to be, we seek all sorts of excuses to avoid this terrible exposure, and some of us think that the better-looking are more leniently treated than the rest. I hope, in making this complaint, I am not ungrateful to the hospital for the shelter it affords me. I am willing to submit to much, but I believe the wholesale and public exposure of such disorders as mine ought not to be necessary, either for the treatment of the malady or the instruction of the students.

I am, Sir, your most obedient servant,

MAGDALEN.

To the Editor of THE LANCET.

SIR,—A good deal has already been said through the medium of your valuable periodical respecting use and abuse at our noble hospital. Will you allow me to trespass again upon your kindness to call to the remembrance of old Bartlemy men a new grievance. All who have entered here for the last few years have doubtless felt the discomfort of our chemistry theatre, which was low, ill-ventilated, and dark, the seats so contrived as ingeniously to find out sore spots, and give a backache to all, to begin the day with. Whilst we attended there alone, nothing was done to mitigate our sufferings; but now a new state of things has sprung up. A capacious well-appointed building is advancing quickly towards completion? For what is it intended? "For a long time past," said one of our daily papers lately, "the want of a chemistry class has been felt at Christ Church, and the Treasurer has resolved upon building one," wherein the young minds of that valuable institution shall be taught to shoot. This certainly has the appearance of amalgamation, based upon the principle of limited liability. Is this an encroachment upon our rights as a medical school? Is it a perversion of the funds?

With many thanks for the publicity you have so kindly afforded our communications hitherto,

I am, Sir, your obedient servant,

Oct. 4th, 1869. VÖGLEIN.

To the Editor of THE LANCET.

SIR,—In the year 1868 no less than 5983 cases were admitted into the wards of St. Bartholomew's Hospital; yet, out of so vast a number of in-patients, how few cases have been recorded either in the medical journals or published in the hospital reports!

The conspicuous absence of clinical reports from this hospital seems to me to demonstrate that either the present members of the staff are incompetent to recognise interesting and rare forms of disease, and so fill their wards with trivial cases, or that the resident staff is overworked, and has no time to record the cases under treatment.

The pre-eminent clinical opportunities which this old and great institution affords surely demand, in the interest of the medical profession, that these opportunities should not be thus wasted and lost.

I am, Sir, your obedient servant,

A BARTHOLOMEW MAN.

THE TREATMENT OF NÆVUS.

To the Editor of THE LANCET.

SIR,—I am desirous of calling the attention of your readers to a mode of treating nævus which I have now successfully adopted for about fifteen years. It consists in the application of a tartarised antimony plaster to the surface of the tumour, and allowing it to remain until pustules resembling small-pox are produced, and sometimes still larger. The plaster I have used is ordinarily made by having one part of antim. tartarizatum mixed with two parts of melted empl. resinæ, and then spread upon thin leather or linen. It ought to cover the entire nævus completely, but need not extend beyond it. If it be detached from any cause before it has produced a sufficient amount of inflammation and pustulation it should be renewed immediately. If there be too much inflammation, poultices and fomentations of warm water may be applied. Should the skin be unusually insusceptible, or the nævus unusually thick, equal parts of tartarised antimony and resin plaster may be used.

With comparatively thin nævi the former strength is amply sufficient, and sometimes a single plaster will produce inflammation and pustulation enough to effect a cure. Should the nævus be thicker than usual the stronger plaster may be used, and it may be repeated again and again until the nævus sloughs.

My neighbour, Dr. Glover, has seen many of these cases of nævi with me. Amongst others a child named Alice Charlotte H——, who had twenty-five nævi on various parts of the head, trunk, and extremities, all of which were cured by the use of emp. antimonii tartarizati.

I am, Sir, your obedient servant,

October, 1869. HENRY BATEMAN, F.R.C.S.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

You noticed in last week's LANCET the large increase in the deaths from scarlet fever which had occurred in this town. Forty deaths from that cause have occurred in each of the weeks ending Oct. 16th and 23rd. This is a large

mortality from one disease, representing as it does a number of persons not far short of a thousand, mainly children, afflicted with the disease. The mortality from all causes has greatly risen; the registered deaths for the week ending Oct. 23rd being 307, an increase of 52 in one week, as in the previous week they amounted to only 255. The increase is due not so much to zymotic diseases as to those of the respiratory organs, the latter having caused 31 deaths in the week ending Oct. 9th, and 84 in the following week.

To return to scarlet fever, its prevalence is not confined to one district of the town, but it is pretty equally spread over all. It began in the Everton and Kirkdale townships in the latter part of August; from thence it spread to West Derby; and for the last three weeks the Toxteths have perhaps had the greatest mortality. It affects all classes alike. There have been some painful instances of two and three members of a family being carried off by the disease. Without any very certain data to go upon, I would venture to say that the proportion of deaths to persons attacked is about 1 in 25.

It is sad to think that this lesson is likely to be lost upon us, as many a former one has been. It requires a sharp epidemic of typhus or cholera to rouse the health authorities of this town to vigorous action. No smaller epidemic, such as that of scarlet fever, disturbs the even tenor of their way; and yet there is probably no zymotic whose spread in families could be so easily checked by the dissemination amongst them of a code of instructions for their guidance when any member of a household is attacked with the disease. Dr. Budd, of Bristol, made no ill-founded boast when he asserted that he could always prevent the extension of scarlet fever wherever he was able to carry out certain precautionary measures. The experience of other practitioners fully bears out this statement; and though the means may not be precisely the same, yet the object to be gained is the same—namely, the neutralising of the contagious element, whether it is harboured in the desquamated cuticle which lies scattered upon the bed-clothes and linen, or in any of the secretions from the body.

A writer in THE LANCET of Oct. 23, Dr. Prior, after describing an epidemic of scarlet fever at Bedford in 1855, presenting the same features as those that mark the disease here, concludes by recommending measures which would effectually prevent its spread in families; and if in families, then, as a necessary sequence, in communities. There is no doubt that, from recent investigations and our better acquaintance with the etiology of scarlet fever, it is a zymotic over whose spread we might have, *par excellence*, great control, if we would only exercise the means.

The Medical School commenced its session with a very good introductory address from Dr. Davidson, the recently appointed Lecturer on Comparative Anatomy. There has been a very fair entry of new students.

The Select Vestry of the parish of Liverpool has appointed Dr. Steele public vaccinator. A rather close contest took place, the voting being 15 for Dr. Steele, against 11 for Mr. Garthside. These were the two gentlemen recommended by the Finance Committee. The appointment does not preclude private practice, and is worth about £150 a year.

The first meeting of the Medical Society took place on the 7th ult. The greatly increased number of members gives a hope that the languid interest hitherto shown in its welfare will no longer be so apparent. The addition of a Microscopical Section, to meet once a month during the session, will probably increase the usefulness as well as the attractiveness of the Society. The first meeting of this branch was held on the 15th, and some anatomical specimens of great interest were exhibited.

The last returns of the Registrar-General show a still increasing mortality from scarlet fever in this town. There were 47 deaths from that cause during the week ending October 30th. The total number of deaths for the week were 309, being 31·7 per 1000, bringing up the death-rate of Liverpool to the highest but one (Newcastle) of the large towns.

Liverpool, Nov. 3rd, 1869.

THE Anthropological Society of London has held its first meeting of the session 1869–70, Dr. Herman Beigel in the chair. A paper on "Anthropological Research" was read by Luke Owen Pike, Esq., M.A.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

EXPERIMENTS WITH CHLORAL.

THERE has been quite a rush here at chloral, and, as might have been expected, on account of the comparative haste with which the researches have been carried on (in order to arrive first in the field), and of the limited number of experiments, the results which have been obtained until now are far from being uniform. In two of my preceding letters, I gave you the substance of M. Demarquay's researches which had been communicated to the Academy of Sciences. Since then two fresh communications have been presented to the same Society, and to the Academy of Medicine.

In the first of these memoirs the authors, MM. Dieulafoy and Krishaber, have come to the following conclusions:—

1st. Chloral, in weak doses, excites sensibility; in strong doses it gradually diminishes sensibility, and brings on complete anæsthesia. 2nd. The animals in which anæsthesia is brought on pass through a preliminary condition of excitement. 3rd. When anæsthesia has been general and absolute, the animals remain in this condition during several hours, and then die almost immediately. 4th. The sleep may be attended by hyperæsthesia or anæsthesia; in the latter case resolution is complete. 5th. Chloral modifies deeply the number and rhythm of the heart's movements; it gradually diminishes the action of the diaphragm; heat is notably diminished. 6th. The phenomena excited by chloral are in many points different from those produced by chloroform, though anæsthesia is the same in both cases.

In the second communication to which I have alluded, M. Léon Labbé, surgeon to the Paris hospitals, thus states the result of his researches:—1. Chloral, when introduced in sufficient quantity into the blood of an animal, produces anæsthesia, but without that preliminary condition of excitement which obtains with chloroform. 2. When introduced into the alimentary canal, or under the skin, it produces first sleep, and then anæsthesia, but in a lesser degree than when directly introduced into the blood. 3. In these cases there is some slight irritation, but nothing to be compared to hyperæsthesia. On account of the various circumstances above stated, he does not believe that chloral is transformed into chloroform.

As will be seen, these two series of experiments differ in their results, not only from each other, but from those already published by Liebreich, Richardson, Demarquay, and others. Thus M. Léon Labbé, in accordance with M. Demarquay, does not admit the transformation of chloral into chloroform, as advocated by M. Liebreich. On the other hand, M. Léon Labbé, together with MM. Dieulafoy and Krishaber, recognise the anæsthetic properties of chloral; whilst M. Demarquay, as my readers will remember, strongly denies this faculty, and considers chloral only as an excellent hypnotic. Again, MM. Dieulafoy and Krishaber mention a preliminary condition of excitement, similar to that produced by chloroform; whilst M. Léon Labbé notes the absence of this condition, and insists upon this very fact as a proof of the non-transformation of chloral into chloroform. Doubtless these differences are due, not only to the limited number of experiments, and the short time which has been taken for reflection and counter-experiment, but also, and perhaps mostly, to the different specimens of chloral which were employed in these investigations. As it is, however, I considered it worth while to notice these facts, as they may serve, at least, as data for further experiments.

Meanwhile, I may mention that M. Giraldès, of the Hôpital des Enfants, is pursuing a series of experiments on chloral, with the care and precision which characterise all his investigations. At the last meeting but one of the Society of Surgery he took up the subject, and related the history of chloral, mostly with the view, I suspect, of suggesting that what is now wanted is careful, matured experiment, rather than hasty research, as the question of quasi-priority has been already settled by the researches of Richardson and others, not to mention, of course, the original inventor. At the same time he stated that, as far

as he had been able to see, chloral would become an invaluable auxiliary in cases of nervous symptoms of a traumatic origin, where it is desirable to possess a therapeutical agent which has not the stupefying properties of opium. He added that chloral cannot compete, as an anæsthetic, with chloroform, because it allows the reflex actions to subsist, which chloroform destroys and annihilates. This view he founds on the following facts. He had administered the substance to two children of about three years of age, one of whom he had intended to operate on for ectropia; the other presenting, subsequently to amputation of the medius, a condition of extreme sensibility. Chloral was given in a dose of two grammes to ten grammes of distilled water, with a *quantum sufficit* of ordinary syrup. Both children were thrown into a deep slumber, which lasted several hours, and from which they could scarcely be aroused; but as reflex movements were easily obtained on pinching the skin, M. Giraldès decided not to operate. These two experiments, together with two others, the results of which are not yet known to me, were conducted with hydrate of chloral furnished by a French chemist; but M. Giraldès has just received a certain quantity of chloral direct from Berlin, and will therewith continue his researches.

Paris, October 27th, 1869.

MEDICAL REFORM.

A MEETING was held at the Medical Club on Thursday evening, to learn from Dr. Bell Fletcher, of Birmingham, a statement of the points to be brought under the notice of the Home Secretary in the Memorial shortly to be presented by the deputation of medical men upon the subject of Medical Reform.

The meeting was almost an improvised one, and the attendance was consequently not very large; but it is intended to follow the matter up by holding future meetings from time to time, so that the various questions, affecting the profession, likely to receive Parliamentary attention during the next session, may be discussed in a free and friendly manner.

ST. BARTHOLOMEW'S HOSPITAL.

WE are informed that a paper, expressing satisfaction with the present state of the nursing department at this hospital, has been sent round for the signature of the sisters, and that three only have refused to sign it on the ground of its statements being at variance with fact. If this is the case, the position of the sisters, who are removable at the will of the Treasurer, makes the boldness of the recusants more conspicuous than the value of the document.

We also learn that the authorities, after having let the whole summer go by, and the students come back, have at length made demonstrations towards the commencement of the long-promised eye-wards; but that the plans were settled, and the tenders accepted, not only without the aid of any person specially skilled in the construction of such wards, but without reference to the staff.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were duly admitted Members of the College on the 28th ult.:—

Dalton, William, Bournemouth, Hants (late of Cheltenham).
Garlick, John Wm., M.D., Lord-street, Halifax; *ad eun.* Ext. Licentiate.
Shearman, Edw. Jas., M.D., Moorgate, Rotherham; *ad eun.* Ext. Licentiate.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 28th:—

Curnow, John, Penzance.
Hewby, William Cooke, Ripon, Yorkshire.
Kingsford, Percival, Sunbury, Middlesex.
Kynaston, Albert Edward, Billingborough.
Milles, Geo. Ridley, St. Margaret's, Kent.
Smith, Arthur William, Halifax.

The following gentleman also on the same day passed his first professional examination:—

Willmore, F. W., Queen's College, Birmingham.

At the recent competitive examination of medical students for the prizes in Materia Medica and Pharmaceutical Chemistry annually given by the Society of Apothecaries, the successful candidates were:—

1st. William Johnson Walsham, St. Bartholomew's; a Gold Medal
2nd. William Allnutt, King's College; a Silver Medal and a Book.

Medical Appointments.

BAKER, Dr., F.R.C.S.Ed., has been appointed Hon. Assistant-Surgeon to the Ladies' Charity and Lying-in Hospital, Liverpool.

BERNARD, F., M.D., has been appointed Demonstrator of Anatomy at the Middlesex Hospital Medical School, vice H. A. Reeves, M.R.C.S.E., appointed Assistant-Surgeon at the London Hospital.

COOKE, A. S., M.R.C.S.E., has been appointed Surgeon for the Workhouse of the Stroud Union, Gloucestershire, vice G. R. Cabitt, M.R.C.S.E., resigned.

DR TATHAM, Assist.-Surg. H., H.M.'s Bombay Army, has been appointed to the Medical Charge of the 20th Regiment Native Infantry.

EWART, J., M.C., B.M., has been appointed Assistant Medical Officer for the Farnham Union House.

FISH, Dr. J. C., of Wimpole-street, has been appointed Physician to the Royal Hospital for Diseases of the Chest, City-road, vice Dr. R. Thorne Thorne, resigned.

FLACK, J., L.R.C.P., M.R.C.S., has been appointed Medical Officer for the Holywell District, Shoreditch.

FLOWER, T., M.R.C.S.E., has been appointed House-Surgeon to the Royal Surrey County Hospital, Guildford, vice Thos. F. Hopgood, L.R.C.P.I., resigned.

HENDERSON, J., L.F.P. & S. Glas., has been re-elected Medical Officer for the Deptford (North) District of the Greenwich Union.

HUTCHISON, G. W., M.B., C.M., has been appointed Resident Medical Officer to the Belford Hospital, Fort William, Scotland.

INGLIS, A., M.D., has been appointed Physician-Accoucheur to the Aberdeen Dispensary.

JOHNSON, H., M.D., has been appointed Visiting Physician of Houses licensed for the reception of Lunatics within the County of Salop.

PARKER, R. W., M.R.C.S.E., has been appointed House-Surgeon to the Stratford Dispensary, vice Dr. Oswald Baker, resigned.

ST. CLAIR, Mr. J., has been appointed Medical Officer and Public Vaccinator for the Parishes of Kildalton and Oa, Argyleshire, vice D. Blair, M.D., resigned.

SCORELL, T. E., M.R.C.S.E., has been appointed House-Surgeon to the Royal Isle of Wight Infirmary, Ryde.

Births, Marriages, and Deaths.

BIRTHS.

BIRD.—On the 31st ult., at St. Leonard's-place, York, the wife of Wm. Bird, M.R.C.S.E., of a son.

MARTINE.—On the 25th ult., at Haddington, the wife of W. Martine, M.D., of a daughter.

MURCHISON.—On the 30th ult., at Wimpole-street, the wife of Charles Murchison, M.D., of a daughter.

WHITE.—On the 27th ult., at L'Abri, Territet, Montreux, Switzerland, the wife of Thomas A. White, M.R.C.S.E., of a daughter.

MARRIAGES.

CLARKE—FLEXMAN.—On the 28th ult., at South Molton Church, Francis Edward Clarke, A.B., M.B., eldest and only surviving son of Dr. F. Clarke, A.M., M.R.I.A., F.R.C.S., of St. Helens, Dunfanaghy, Co. Donegal, to Lucy Elizabeth, eldest daughter of James Flexman, M.R.C.S., of Duke-street, South Molton, Devonshire.

COATHUPE—BOTTOMLEY.—On the 28th ult., at Holy Trinity, Huddersfield, Edwin, son of the late Charles Thornton Coathupe, Surgeon, of Clifton, Bristol, to Sophie, eldest daughter of the late John Bottomley, Esq., and niece of the late Colonel Crosland, M.P. for Huddersfield.—No Cards.

JONES—WYBURN.—On the 30th ult., at St. George's, Hanover-square, W., W. H. Jones, M.D., of Harley-street, W., son of Dr. S. Haden-Jones, of Stone House, Wellington, Salop, to Clara, youngest daughter of the late James Wyburn, Esq., of Rochester-terrace, Bayswater, and of Surbiton, Surrey.

KNOWLES—HOUSEHOLD.—On the 1st inst., at King's Lynn, Henry Knowles, L.R.C.P.Ed., of Paddock, near Huddersfield, to Ellen Mary, daughter of R. B. Household, Esq., of King's Lynn.

NEW—WALKER.—On the 28th ult., at Pellon-lane Chapel, Halifax, Geo. W. New, Surgeon, of Harrington-square, London, to Elizabeth, youngest child of John Walker, Esq., of West Parade, Halifax.—No Cards.

DEATHS.

COOPER.—On the 30th ult., in his 42nd year, and after an illness of nine days, John Page Cooper, Surgeon, of Harley-place, Bow-road.—Friends will kindly accept this intimation.

CORBETT.—On the 22nd ult., at sea, on board the "Tanjore," J. L. Corbett, M.B., Assistant-Surgeon 21st Hussars.

PIKE.—On the 26th ult., at Irving-street, Dumfries, J. L. Pike, Surgeon-Dentist, aged 39.

WATKINS.—On the 24th ult., at Mornington-road, N.W., Elizabeth Mary, the beloved wife of Joshua Watkins, M.R.C.S.E., of Chandos-street, Strand, W.C., aged 75.

Medical Diary of the Week.

Monday, Nov. 8.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Dr. Sansom, "On a Case of Constriction of the Mitral Orifice, with Cerebral Symptoms simulating those of Typhoid Fever."—Mr. Wm. Adams, "On Hip-joint Disease."

Tuesday, Nov. 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. C. T. Gardner, of the Chinese Legation at Shanghae, "On the Chinese Race: their Language, Government, Social Institutions, and Religion."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Heale, of Winchester, "On the Physiological Rationale of Pneumonia and Bronchitis."—Dr. Waters, of Liverpool, "On the Treatment of Pneumonia."

Wednesday, Nov. 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—The following Operations will be performed at 2 P.M. by Mr. Maunder:—Removal of Tumour of Jaw; Trephining of Humerus; and for Vesico-Vaginal Fistula.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—7½ P.M. Meeting of Council.—8 P.M. Messrs. Couper and James Adams: "Cases of Aneurism's Operation."

Thursday, Nov. 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Nov. 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GENERAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. "Case of Ascites successfully treated by Copaiva, Quinine, and Iron." — "Cases of Renal Dropsy treated with Copaiva." — "Colotomy for the Relief of Cancer of the Rectum."

Saturday, Nov. 13.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

PLYMOUTH PUBLIC DISPENSARY.

THE Annual Report of the Plymouth Public Dispensary contains the usual statements, prepared by Dr. Hingston, of the work done by the charity in the past year, and since its establishment in 1798. In 71 years the number of patients treated (exclusive of readmissions) has been 105,083, of whom 31,785 were attended at their own homes. In the twelve months ending 31st August last, 893 patients were attended at their own homes, 25 were furnished with laced or elastic stockings, 57 with single and 22 with double trusses, 3 with knee-caps, 4 with irons for the relief of deformities, 18 with special instrumental appliances, and 25 had the loan of a water-pillow for six weeks each. Dr. Hingston, comparing the death-rate of Plymouth with other places, finds that it was healthier in the twelve months under review than either of the larger towns, except Birmingham; and as compared with Glasgow, he estimates a saving of 791 lives in Plymouth, representing, he says, "no small return, even in a pecuniary point of view, for the large expenditure which has been incurred during the last ten years in improved drainage and water-supply." That improved health means diminished charge on the poor-rates is a fact which cannot be too widely appreciated. It helps to make the argument in favour of sanitary improvement irresistible.

Mr. C. Arthur.—We are not aware that the moon has any effect on the susceptibility of the system to vaccination. A good deal of the vaccinophobia of the day seems more suggestive of moon influence.

Perplexed.—1. Our correspondent has a right to call himself Physician, but not "Dr."—2. No.

Mr. W. H. Brown.—The experiment would, we think, be quite useless.

SCARLET FEVER AND ITS PREVENTION.

Now that scarlatina is so widely prevalent, we may call attention to a preventive plan of treatment advocated in a little pamphlet by Mr. Frederick Smith, of Malvern. Recognising the extremely infectious character of the disease, and the occasional outbreaks which occur in our public and other large schools, Mr. Smith is of opinion that a conference of head masters should take place, in association with some eminent medical men, for the purpose of drawing up rules and regulations for the guidance of schoolmasters in general. There does not exist at present any recognised plan for dealing with the boys on the outbreak of scarlatina, nor do the masters possess anything to guide them as to the time when a school should be disbanded, or for how long. Pending the publication of these rules, it is suggested that on the occurrence of an outbreak of the disease in any school, a council of all those medical men who are in the habit of attending the boys should be held to determine on the course to be pursued. Several medical men are engaged in all great public schools to attend the boys when ill, and the medical staff might, therefore, be said to represent the interests of the parents. The idea does not seem to us a bad one. It ought not to be difficult to devise some scheme of action that should be generally applicable. All questions requiring special knowledge could, of course, only be decided by medical men; but there can be little doubt that the time for action is too often frittered away in considering what ought to be done. The principal hope of averting an outbreak often consists in having formed beforehand a clear idea of the course to be pursued, so that it can be carried out without delay. If some general principles were laid down for the guidance of all who are in charge of scholastic establishments, as well as a few practical rules for immediate adoption on the appearance of any infectious disease among young people aggregated together under one roof, the information would prove very useful in many ways. It would, at any rate, furnish a common basis of action; whereas at present people entertain very different and often very erroneous ideas on this subject.

THE HOLBORN UNION.

To the Editor of THE LANCET.

SIR,—Permit me to correct a wrong impression conveyed in a paragraph in your journal last Saturday. It is therein stated that in consequence of scarlatina in Clerkenwell Workhouse, "*the guardians have decamped*"! Such is *not* the case, as they are attending to their duties as usual.

The Holborn Union has three board-rooms—one in Clerkenwell, one in St. Luke's, and one in the Holborn district. The guardians meet sometimes in one, sometimes in another of these. It was thought undesirable, as it was certainly unnecessary, to bring together the whole Board, numbering nearly sixty family men, into the only place where infectious disease had shown itself, and therefore the usual weekly meeting was held in St. Luke's.

With this explanation your readers will, I am sure, give us credit for being prudent men, and not cowards.

I am, Sir, yours respectfully,
T. A. BURR,
Vice-Chairman of the Holborn Union.

Queen-square, Bloomsbury, Nov. 2nd, 1869.

*** Mr. Burr's letter has not altered any of the facts. The guardians ordered in the morning that the evening meeting of the Board should be held at St. Luke's, instead of Clerkenwell, in consequence of the existence of a case of malignant scarlet fever in that workhouse. The *notice of alteration was specially sent out, and marked "immediate."* It was suggested that the 1300 paupers who usually attend at Clerkenwell should be relieved elsewhere, they being even more likely than the guardians to take the infection. The attempt was made; but no other arrangement was found to be practicable, and the paupers received their relief in the usual way and place. The guardians were thus able to avoid the contagion, and the paupers were not. At the same time we had no intention of imputing to the guardians any improper cowardice, though we believe they have exercised a wise discretion in continuing to hold their meetings at St. Luke's. Cowardice is, in fact, the last imputation which could be fixed upon the Holborn guardians. They have already shown their courage in meeting at the Clerkenwell board-room, which is not only polluted by the assemblage of the 1300 paupers before mentioned immediately before the sitting of the guardians, but is about as badly ventilated and as unfit for the purpose to which it has been applied as other portions of the same old building. The members of the Board also exhibit a wonderful amount of pluck in continuing to keep aged and sick people in a building which has been so thoroughly and repeatedly condemned. We think sensitiveness, therefore, a little out of place.

DEMORALISING ADVERTISEMENTS.

A CORRESPONDENT encloses us what he terms an interesting cutting from the *Tamworth Herald*. It consists of two advertisements of a character such as no respectable paper should, in our opinion, permit to appear in its advertising columns. One refers to a method for preventing the increase of family; and the other is addressed to "Ladies in delicate or doubtful health, brought on by indiscretion." The strictest secrecy is, of course, promised, and a lady M.D. will wait on ladies at their own homes by appointment. There ought surely to be some means of stopping the career of demoralising advertisers of this description. The object aimed at by them can scarcely admit of much doubt; indeed small pains are taken to conceal the intention by a thin veil of decency.

B. A. and Poly.—We must refer our correspondents to the report upon Mrs. Allen's Hair-restorer in THE LANCET of Jan. 9th, of the present year.

B. A.—Yes, it contains lead.

Dr. Robertson's important letter on the "Insane in Private Dwellings" is unavoidably postponed for want of room.

VACCINATION AND THE FAMILY OF JENNERS.

As our readers are aware, a good deal of noisy declamation has been indulged in of late regarding the present and prospective evils entailed on the human race by vaccination. But there are many—and particularly among those who regard the discovery of vaccination as having conferred a great boon on humanity,—who may not be aware that the only surviving relative of the late Dr. Jenner is a Mr. George Charles Jenner, at present living at Woodford, near Berkeley, Gloucestershire. He is the son of the late Rev. G. C. Jenner, who was a physician and clergyman, and the nephew of Dr. Jenner, and is, we understand, in indigent circumstances, with a family of eight children depending on him for support. There are many people who believe that Dr. Jenner was a poor herdsman, and that he discovered the cow-pox from being occupied among the cows. Such was not the case; the family of Jenners being one of antiquity in Gloucestershire and the neighbouring county of Worcestershire, where they possessed considerable landed property and good church preferments. Dr. Jenner was the youngest of three sons, of whom the Rev. Henry Jenner, the Rector of Rockhampton, Gloucestershire—the grandfather of the present Mr. Jenner, of Woodford,—was one. The Rev. G. C. Jenner (his father) assisted his uncle, Dr. Edward Jenner, both with his time and purse in overcoming the opposition to vaccination; and when the practice was established in England, he went abroad at his own expense with the view of spreading the discovery. He made the friendship of many of the scientific celebrities and *savans* of the Continent, and became a M.D. of Paris. We are informed that he took no fees for vaccinating; and having expended all his money in travelling, he returned to England, became a curate, married late in life, and died, leaving an only son, with his education incomplete, the grandnephew of the discoverer of vaccination. Dr. Jenner himself had a grant from Government; but the clergyman was not so fortunate. The late Hon. Craven Berkeley, when M.P. for Cheltenham, brought his claims before Parliament without success. Mr. George C. Jenner, of Woodford, near Berkeley, is, as we have said, in needy circumstances. He has written to us to know if we can help him to obtain some employment as land steward, in getting together some money for stocking a small farm. We will gladly receive any aid in his behalf.

Inquirens.—There are many medical journals published in France, both at Paris and in the country. Among the monthlies we may mention the *Archives de Médecine*; among the weeklies, the *Gazette Médicale de Paris* and the *Gazette Hebdomadaire*; and we would lastly name *L'Union Médicale*, which is published three times a week. An order sent to Baillière, of Regent-street, would be the best way to subscribe. No publication in Paris is quite analogous to our Students' Number; but there is a little book, in French, called "Guide de l'Étudiant en Médecine," rather of an old date, which might be useful to our correspondent.

THE fourth report of our "Investigation into the Out-patient Department of the London Hospitals" is postponed until next week.

Mr. J. R. Roberts.—Apply to the Registrar-General.

THE CONVALESCENT HOME AT SCARBOROUGH AND HOMŒOPATHY.

It will be remembered that a few weeks ago we gave our opinion that there was no impropriety in the medical men of Scarborough giving their gratuitous advice to the inmates of this Home, although the Committee had asked, amongst others, a homœopath to give his gratuitous services to any who might wish for them, and he had consented. We did this because there was to be no concert or co-operation between the medical men. They were not to constitute a staff, or be subject to the duty of consultation. Their position was to be purely an individual one. This judgment, though in accord with Sir Thomas Watson's and Mr. Paget's, has not pleased the medical men in Scarborough who resigned rather than have their names associated in the same circular with that of a homœopath. We cannot find room for all the documents sent us; but we subjoin their objections to our deliverance, signed by Cornelius B. Fox, J. G. Hickson, J. Horne, R. S. Hutchinson, John Lycett, A. Meggett, and J. W. Taylor.

Postscript, consisting of the reply of the Medical Men, whose names are attached to the foregoing letter, to the remarks on the Convalescent Home at Scarborough and its connexion with Homœopathy contained in THE LANCET *of September 18th, 1880.*

Although the Editor of THE LANCET states that he is not surprised at the course we have taken in tendering our resignations, yet the character of his comments on the Home in its connexion with homœopathy renders it obligatory on us, in our own defence, to lay the facts before the profession.

If we are to adopt the ideas of the Editor as to this "Home," we have no means of shutting the doors of the Sea-Bathing Infirmary and the Dispensary against the admission of the homœopath. He had, previous to this controversy, obtained a footing at the Cottage Hospital, and *now*, by the decision of THE LANCET and the conduct of Messrs. Cooke, Teale, and party, he is installed as one of the medical officers of the Convalescent Home. Logically it is impossible to refuse him admission to the other institutions.

It certainly borders on the facetious to gravely assert that there is no difference between a medical man seeing a lady in the Home and in visiting one at an hotel, in another room of which is a patient attended by a homœopath. Is there not a vast difference between an institution with a Committee of Management, with a Chairman and Secretary, which looks to the public for pecuniary aid in the shape of subscriptions and donations, which is open for the relief of any ladies of the class for which the Home is intended, and to which the majority of the medical men in the town were invited to afford gratuitous professional assistance, and an hotel? Does not the relationship of *brother medical officer* to a public institution exist in the one case and not in the other?

You state, Sir, that the "Home is very different from an hospital, the medical men of which are supposed to act together." The ordinary officers of an hospital do not act together except in obscure cases, over which they may meet in consultation, or in the case of operations, where they render one another assistance. If an obscure case or operation should occur in this Home, the medical attendant would likewise have to choose from amongst the medical officers of the Home for one with whom to consult. He could not well seek the assistance of those unconnected with the institution, because they would, of course, require payment for their services.

If any homœopathic patient should, in case of an emergency, require the aid of more than one medical attendant, are the medical gentlemen who allow their names to appear on the list of medical officers along with that of the homœopath to refuse him assistance in such an urgent case? If so, would not the refusal meet with public condemnation?

In confirmation of the correctness of our views as given above, we beg to subjoin a copy of the greater portion of an article on the Convalescent Home, which has recently appeared in the pages of the principal homœopathic journal. The three Editors of this periodical clearly state that the idea of a homœopath not being allowed to prescribe for patients in a public institution, where orthodox practitioners grant their gratuitous services, is not only preposterous, but gradually and surely becoming obsolete.

Is this really the opinion of the great body of the medical profession? We believe not, and we rely upon their support to enable us to fight the battle of rational medicine.

We trust that a reconsideration of the matter will lead you to fall back on your previous opinion, as stated in your reply to Dr. Horne, so as to enable us to prevent the further intrusion of homœopathic practitioners into the public institutions of this town.

Extract from the Monthly Homœopathic Review, Oct. 1st.—"The malcontents then addressed themselves to THE LANCET. Their oracle (to the disappointment, doubtless, of many) endorsed the opinion of these two eminent members of the profession—viz., Sir T. Watson and Mr. Paget (*vide* THE LANCET, Sept. 18th, p. 416). It did so, however, in a manner which shows clearly enough how great was the struggle to resist the temptation to do otherwise. The old insolence is there; but the fervour and unction with which it was wont to be expressed are gone. It relies upon its 'well known, never concealed, and utter contempt for homœopathy' for the acceptance of the opinion which has *been wrung from it.* And to what does this opinion amount? That an allopath may, without loss of caste, prescribe for a patient in a public institution in which a homœopath has also a patient! Intolerant and absurd as any other view of the case would have been, ten or fifteen years ago it would have been expressed—aye, and that, too, in the coarsest language Billingsgate could have supplied. THE LANCET states that, 'as a concession' made to induce those who had withdrawn to return, Dr. Craig was described in the circular as a homœopath. The idea of *'concession' was never for one moment* entertained by the Committee. Dr. Craig, it is true, is stated in the circular to have kindly promised 'to attend any inmates of the Home who may wish to be treated homœopathically;' he *was so distinguished solely for the convenience of the inmates.* The objectors to Dr. Craig's appointment having withdrawn from the Home, the institution will, we presume, be carried on without them."

We, the undersigned medical men, who *also* practise in Scarborough, do hereby signify our concurrence in the opinion expressed by our professional brethren in the foregoing letter.

S. H. ARMITAGE, M.D., &c.
JOHN BERVON, M.D., F.R.C.P.
JAMES F. CADLE.
RICHARD CROSS, M.D., &c.
GEORGE P. DALE, K.A. SAX., F.R.C.S.
FREDERICK S. PRICE.
ALEX. EASTON.
THOMAS T. PRIESTON, M.D.
JAMES JOSEPH RABLAH.
WILLIAM TAYLOR.

It may be our obtuseness, but we do not see anything "bordering on the facetious" in distinguishing this institution from hospitals, or rather in distinguishing the position of men undertaking to advise the individual ladies in it gratuitously from that of men constituting the staff of an ordinary hospital. What may be the case of the Cottage Hospital we do not know, for that has not been explained to us; but the nature of this institution, or of the arrangements for having its inmates medically advised, is quite peculiar. Its inmates are ladies—poor, it is true; but yet having some slight means, for they are to pay a certain sum for board and lodging. We all know that charity is never kinder than when it tries to relieve and save the feelings of this class of persons. Medical men have always been, and we hope always will be, distinguished for their kindness to the class of sensitive poor whose relief is contemplated in this Home. At the same time the disposition to relieve even these would be dearly bought at the price of any compromise or co-operation with homœopathy. But we see no such thing in the individual medical men of Scarborough agreeing to give their advice to the individual inmates of this Home even if a poor lady should be admitted who was weak enough to wish for the advice of a homœopath. Our correspondents must see that they are at liberty to decline anything but advice to a patient who wishes for their advice. We must not make martyrs of homœopathic patients or practitioners. To refuse permission to a homœopathic practitioner to act in this Home might be to keep a poor homœopathic lady out of it and out of the benefits of it. And this is a penal measure which, as it is not necessary in the interest of scientific medicine, would certainly not be creditable to it. We cannot deny the right of benevolent persons to assist poor ladies because they believe in globules; and so long as they do not ask us in any way to sanction globulism, we may co-operate with them. That our judgment, if given on a clear principle, is yet a very qualified one, may be seen by its being very distasteful to the *Homœopathic Review*. We must withhold entirely any sanction of homœopathy. None is implied, so far as we see, in any medical man in Scarborough giving his rational advice to any poor lady in this Home who may wish for it.

A QUERY.

W. J. B.—Our correspondent asks: "Can a non-medical registrar of births and deaths give a certificate of death to the friends of a deceased person when a medical man has refused to give one?" There is, first of all, an evident confusion of terms in the question. A medical man cannot (as we have often explained) give a "certificate of death" having any legal value whatsoever; he can only certify the *cause* of death to the registrar, who alone can give a legal "certificate of death." As regards the case cited, the registrar acted strictly within the limits of the law; and had he refused to register the death on the information of the friends of the deceased, he would, under the 42nd section of the Registration Act, have been subject to a penalty of fifty pounds. The registrars are bound by their instructions to use every endeavour to obtain medical certificates of the cause of death in all cases; but if an informant requires a registrar to enter a death for which no medical certificate is produced, the registrar is bound to register it—of course stating in the entry that the death is "not certified." It is no part of the registrar's duty, however suspicious may be the circumstances attendant on a death, to wait for the result of an inquest before registering the death; he is instructed in all such cases to give information to the *police* (not to the coroner), and meanwhile to register the death. Our correspondent will observe that we are merely stating the law in such matters, not defending it. That it sadly wants altering is a fact about which there can hardly be two opinions.

P. P.—It is usual, as we have said already, for the new-comer to make the first call.

THE VACCINATION ACT IN LEEDS.

THE Leeds vaccination inspector, reporting the result of his labours for the three months ending 30th September, shows that out of 344 children born and unvaccinated on the 30th June, 220 have been vaccinated, 60 have died at pre-vaccinal ages, 29 have remained unvaccinated on account of sickness, 2 were found insusceptible, 32 have gone away from the neighbourhood, and in the remaining case vaccination was refused. The proportion of children rendered unfit by sickness for vaccination was unusually high. Only three persons died of small-pox in the township during the quarter, and only one of these cases originated there; so that out of a population of 136,839 persons, only one death can be traced to small-pox. The penal clauses of the Act have been applied in only four instances, and in three of them the parents afterwards complied with the law.

A Subscriber.—We believe that Chambers or Cassell and Co. publish such a book as our correspondent wishes for.

Sir James Y. Simpson's concluding paper on "Hospitalism" will appear next week.

WHAT IS THE FUNCTION OF THE UVULA?

To the Editor of THE LANCET.

SIR,—In your number of October 16th, Dr. Garrett expresses his surprise that the above question, propounded by him some months ago, has elicited no reply. My attention has only now been called to the subject; and seeing after another week the difficulty still unsolved, I venture on a solution which I hope may be a satisfactory approximation to the truth, if not the truth itself. A little reflection on the obvious mechanism of the mouth, tongue, pharynx, larynx, and œsophagus will lead, at least, to a tolerably correct induction as to the primary, if not exclusive, use of this hitherto mysterious little member.

It may be as well to clear the ground of discussion here at once by stating that the uvula is most clearly not an organ concerned in the functions of respiration, and only very feebly and indirectly and incidentally influences the voice. Its exclusive function (as I take it) is brought into play in the act of deglutition.

The phenomena of swallowing are as follows:—

1st. The mouth in chewing is a closed box or chamber. The tongue is chiefly retracted, and its dorsum pressed up against the back part of the palate—at once to leave room for the proper play of the teeth upon the bolus, and to bar effectually all possibility of escape of morsels, till the mass is ready to be delivered into the pharynx. At the same time the anterior curtain of the isthmus faucium (by the contraction of the palato-glossi muscles and the relaxation of the uvula, which is a solid mass of muscle) is approximated to the base of the tongue; thus forming a second slight barrier, if need be, for the interception of fluids that might ooze out between the tongue and the palate, and also leaving free the indispensable route for the necessary air to the lungs while breathing is impossible by the mouth.

2nd. Mastication performed, the bolus is collected upon the tongue, and carried up to the back part of the mouth. By a peculiar organic sensibility, sympathy, and consent of parts, the uvula contracts with convulsive rapidity, and the curtain of the soft palate rises the instant the bolus is presented to it. The relaxation of the palato-glossi muscles allows this rising. By the pressure of the tongue against the palate, the morsel clears the now free palatine arch, and is thrust, on the inclined plane formed by the tongue, down into the fleshy bag, the pharynx. Here it is clutched convulsively by the strong constrictor muscles, and finally and instantaneously disposed of into the œsophagus. The whole is done with the velocity of thought.

In planning the apparatus of swallowing in all the mammalia, Nature had the greatest structural obstacles to encounter, as well as the greatest functional difficulties to provide against, and the Divine Author of Nature has grandly risen up to the height of the emergency. The gullet is a most perilous passage. With a multiplicity of openings leading to the most important organs, there is a risk of the morsel regurgitating back into the mouth, or deviating into the nostrils, the air-passages, or the air-tubes—accidents always annoying, and sometimes fatal. Now precaution is taken against all this. In the first place, the mouth is securely banged up behind by the dorsum of the tongue advanced back, and pressing firmly against the palate and fauces. In the second place, and consentaneously with this action, the larynx is pressed forward against the root of the tongue, which has just delivered the bolus into the pharynx—a movement which flaps down the epiglottis, thus securing the windpipe. In the third place, precautions have to be taken that no morsels return by the nostrils or enter the Eustachian tubes. Admirable and simple is the mechanism devised for these ends. And here precisely the function of the uvula comes into play. A covering is spread over the floor of the nares and Eustachian tubes—i. e., over the roof of the pharynx—by the combined action of the uvula and the muscles of the posterior arch of the fauces, the glosso-pharyngei and levatores and tensores palati. The function of the uvula and its adjunct or prolongation, the azygos uvulæ, is to antagonise these last-named muscles. The contracted uvula, in fact, forms the boss, keystone, or central tie of the arched velum or tentorium, that closes in the nares and Eustachian tubes. The united contractions of these opposing muscles draw tense this floor or ceiling, making it impervious, and thus preventing the entrance of matters either into the nostrils or into the Eustachian tubes, while the bolus is being contracted on by the strong constrictor muscles of the pharynx, and thrust down into the œsophagus. In short, the contracted uvula is the steady *point d'appui*, from which, and against which, the opposing muscles (the azygos and the levatores, &c.) pull.

That this view of the function of this little organ is the correct one is proved by many pathological facts. The loss of portions of the uvula, frequently snipped off when elongated, has been attended by no very special inconvenience that I have ever heard of; but its total destruction, as by neglected syphilitic ulcerations, thus leaving a hole in the pharyngeal ceiling, is unavoidably associated with the tendency of morsels to regurgitate into the nostrils.

I cannot conclude this brief exposition without remarking on the consummate design—the combined wisdom and benevolence of the Creator—exhibited in the mechanism of deglutition. It may be said almost to be *the* masterpiece of Divine invention amid a thousand other masterpieces displayed in the wonders of animated structures.

I. We have an apparatus, alike complex and comprehensive in its parts, concentrated and packed away within the most limited space; yet there is no crowding withal.

II. We have antagonistic operations, and apparently incompatible adjustments, all to go on, and be secured, at one and the same moment, and by structures the most easily deranged; yet there is no interference of one part with another; there is not even an approach to jar, collision, or embarrassment.

III. We have coarse, tough, cutting, grinding organs—bodies as hard and as insensible as shears or millstones—placed in the midst of structures the most soft and sensitive; yet we do not find the exquisite perceptions and intimations of the one to be blunted or impeded by the rough operations of the other.

IV. Withal, provision is made at the same time that this solid machinery shall neither be a source of irritation nor be incapable of repair.

V. We have unfailing streams of fluid supplying the mouth, so that with the operations of the mill are combined those of the washtub; we have the glands so embedded among the muscles of the mouth, that the action of these muscles in mastication determines an increased flow of fluids to the glands; and all this at the precise conjuncture of time required. These secretions, too, are subjected to mental influences by the connexion of the nerves of animal life with those of the automatic or organic apparatus; so that the mere idea or sight of food provokes the activity of the salivary glands.

VI. In the functions of the mouth, sensation, volition, thought, consciousness combine; but beyond this *janua vitæ* their ministrations cease. All henceforth are pure reflex, organic, or vegetative movements—acts subject to no caprice or control of the will, and executed with all the unerring certainty of law. Nature could not afford, indeed, to leave the further phenomena of the nutritive apparatus to the behests of the will; hardly, in fact, has she rendered them a subject of consciousness, and certainly never so in the state of health. All this demonstrates with how benevolent foresight for the welfare of the individual the Almighty Creator has removed from the government of animal life the organs subservient to the grand vital functions. A survey of the whole vindicates the exclamation of the Psalmist: "O Lord, how wonderful are thy works; in wisdom hast thou made them all."

I am, Sir, your obedient servant,

Sheffield, October 26th, 1869. JOHN BALBIRNIE, A.M., M.D.

To the Editor of THE LANCET.

SIR,—In reply to Dr. Garrett's query concerning the uses of the uvula, I beg to state that Mr. Wheelhouse, when lecturer on Physiology at the Leeds School of Medicine, taught that when the saliva accumulates in sufficient quantity to touch the uvula, involuntary deglutition is excited.

Yours truly,

Riccall, York, October 28th, 1869. THOS. PERCIVAL, M.R.C.S.

A CUBAN DOCTOR IN TROUBLE.

THE Boston (U.S.) *Daily Advertiser* has the following particulars relative to the adventures which have befallen a member of the medical profession, Dr. Albert T. Simmons, a distinguished practitioner in the island of Cuba. Dr. Simmons is an American, and was in early life the Editor of the *Vicksburg Sentinel*, and also a member of the Mississippi State Senate. Having studied medicine and qualified himself for practice, he went to Cuba in 1856, where he soon won a high reputation, and the favour of the wealthiest and most influential families in the island. Although careful when the revolution broke out to be extremely reserved in expressing his political opinions, he was, nevertheless, arrested at Puerto Principo on a charge of disloyalty, and thrown into prison; the charge being a mere pretext for obtaining considerable sums of money which he was known to possess. After many ineffectual attempts to obtain a release from captivity, he was set free at the end of a seven months' incarceration, and he has now instituted an international suit as an American citizen against the Spanish Government for thus attacking his person. The result of the trial is looked for with great interest in the States.

The Merthyr Telegraph.—The advertisements in question are shocking, and discreditable to any paper. A London quack and his bill-sticker have been both fined for issuing and posting bills not worse than these advertisements. The titles have not a *real* appearance; but our correspondent should forward copies of the advertisements to the different Colleges.

Vaccinator.—Such a certificate is only valid on the supposition that the possessor of it is otherwise legally qualified.

DR. ROBERT LEE'S anatomical and pathological collection was placed in the anatomical museum of the University of Cambridge by himself, and not by Dr. Bond, as stated in our last number.

A Student of St. George's.—The matter has been considered by the hospital authorities, and some remarks will be found elsewhere.

THE MANUFACTURE OF BUTTER.

THE following advertisement, cut from a leading daily paper within the last few days, reveals one of the sources from which the Londoner's "Fresh Dairy Butter" is derived :—

"TO BUTTER MERCHANTS AND MANUFACTURERS.—Wanted, to contract, for the next four months, for the sale of one to two tons of fresh beef marrow weekly.—Apply, first by letter."

The cool business tone of this fraudulent proposal is very refreshing, and the fact of its being addressed to "manufacturers" of butter shows that there is a recognised branch of industry which, if not admitted to the Trades' Directory, is yet sufficiently well known. Water and lard furnish, we are already painfully aware, a considerable portion of our so-called "fresh butter;" but if "fresh beef marrow" is an important ingredient in the mixture, we would suggest that some name appropriate to the mixture should be invented, and would for the present borrow the title of a well-known preparation for the hair—the "Taurus-marrow Pomade"!

OWING to the length of *Dr. Palfrey's* letter in reply to Mr. Firth, it is postponed till our next number.

Indignans.—Our correspondent inquires, in regard to the meeting of the General Council of the University of Edinburgh at which it was resolved to admit females to the medical classes of the University, of whom the General Council was composed; and he asks whether due notice of the purpose of the meeting was given to all the members thereof by advertisement or otherwise? We conceive that all the graduates should have been made aware of the object of the meeting. If these were entitled to vote at meetings of the Council, the result would, in his opinion, have been different.

ARMY MEDICAL COMPETITIVE EXAMINATION.

Surgeon.—No time has been fixed upon for the next examination for the army medical service. The Government does not require candidates at present. The questions at such examinations are published at the end of the Army Medical Blue-book, which is issued annually.

THE letters of *Justitia* and *Indignans* shall be noticed next week.

THE CHARGE AGAINST THE MEDICAL OFFICER OF THE BARNSLEY WORKHOUSE.

To the Editor of THE LANCET.

SIR,—In your impression of Oct. 23rd, there is an article on the "Inquiry into Charges of Neglect made against the Medical Officer of the Barnsley Workhouse," and "Mr. Smith's consequent resignation of that office," which contains an aspersion on my professional character for which there is no foundation. The portion of the article alluded to is that where you say "Mr. Smith was not eager to call in a deputy who was the first, it seems, to cast blame upon his principal." The latter portion of that sentence is emphatically untrue; and as to Mr. Smith being unwilling to call me in, I do not know why he should be unwilling, as I have never given him any cause, having always carefully attended to the workhouse in his previous absences. Now the real facts of the case, as far as I was concerned, lie in a nutshell.

On the 24th of September a note was brought to my surgery from Mr. Wright, the master of the workhouse, requesting my immediate attendance. As I was from home at the time, my assistant opened the note, and attended to the request. On my return home later in the evening, he informed me that a poor woman was ill in the workhouse, and in all probability, considering the state she was in when he saw her, she might be then dead. Not hearing anything further that night, I visited the house the following morning. I was met by the master as I was entering, who coolly informed me "that all the responsibility of that case now rested on my shoulders." I then went into the hospital, and saw the woman, who was *in articulo mortis*, and immediately resolved to resign my deputyship, in order to prevent my being placed in such an unpleasant position again. Here was a poor woman who had not been seen by any qualified medical man for a period of eight days; and I, who was called in at the last moment, was expected to give a certificate of the cause of death without knowing the history of the case. Fearing, from what I heard after I had seen the patient, that there was a likelihood of an official inquiry in connexion with this case, I deemed it advisable to fortify myself with a second opinion. I, therefore, called in Dr. Raddler.

Now, having shown you the part I took in the affair, allow me to inform you that three days previous to my learning that Mr. Smith was from home a charge of neglect was entered by the Visiting Committee in their report-book.

You will now, I hope, see that your remarks about my being "the first to cast blame" cannot be maintained. As the article herein referred to has been copied into a local paper, your correction of the misstatement in your next issue will much oblige,

Yours, &c.,
J. BLACKBURN,
Deputy Medical Officer, Barnsley Workhouse.

Barnsley, November 3rd, 1869.

P.S.—If, as you insinuate, Mr. Smith was dissatisfied with his deputy, it would have been very easy for him to have got rid of me, as the appointment lies in the medical officer's own hands, and the deputy, as you must know, gives his services gratuitously.

INCREDIBLE STATEMENT CONCERNING A PUBLIC VACCINATOR.

IT is stated that Dr. O'Brien, public vaccinator for Haughton and Denton, has vaccinated a child immediately after it had been successfully vaccinated by another practitioner, Mr. Robert H. Heuston. It is said that Dr. O'Brien did this in opposition to the wishes of the mother, and in spite of the child having been already vaccinated. Mr. Heuston has represented these circumstances to the Board, and they have properly asked Dr. O'Brien for an explanation. The best thing we can do is not to believe such incredible statements till they are verified or admitted.

D. G. B.—Our correspondent's letter and enclosures are acknowledged with thanks. The remarks in last week's LANCET indicate the course that appears at present to be most desirable.

Horace.—A contract is a contract, and we think that it is binding in the present case, whether legally or honourably considered.

SUBSTITUTES AT DISPENSARIES.

IT appears to us only reasonable that an honorary surgeon or physician to a public dispensary should be called upon to name a substitute during any lengthened absence. The approval of the Committee is usually a matter of formality, and we see nothing objectionable in this being done.

Mr. R. L. Elliott.—We presume that the contracts are distinct, though we do not see the reasonableness of our correspondent's objection to the vaccination fees.

THE DUBLIN QUARTERLY AND DR. WHITEHEAD, OF NEW YORK.

To the Editor of THE LANCET.

SIR,—In the number of THE LANCET for October 9th, Dr. Whitehead, of New York, takes me to task, in a letter addressed to you, for criticisms I have made in the report on Surgery in the *Dublin Quarterly Journal*, on a paper published by him in the *New York Journal* on the "Surgical Treatment of Cleft of the Hard Palate," &c.

Dr. Whitehead accuses me of having charged him with inaccuracy, and alleges that the only statement I make to support the charge is in itself inaccurate. He refers me to page 52 of Sédillot's work ("De l'Evidement sous-périosté des Os," Paris, 1867) to convince me of the accuracy of his statement that Sédillot's patient was three years of age. The passage which he quotes ("Mon malade, âgé de trois ans, a été opéré le 23 Mai") is contained in an article reprinted from the *Comptes Rendus de l'Académie des Sciences*, vol. lvii., 1863. If Dr. Whitehead will refer to the *Comptes Rendus*, he will find that the word "trois" in the above passage is a misprint for "treize;" and if he will further refer to Dr. Sédillot's work, entitled "Contributions à la Chirurgie," vol. ii., pages 657, 669, he will find the passage in question twice repeated, the word being in each case "treize." In the full account of the case published in the *Gazette Hebdomadaire de Médecine*, Jan., 1864, and reprinted in the "Contributions à la Chirurgie," the question as to the age of the patient is clearly decided by the illustrations, which cannot be taken to represent a child aged three years. Had Dr. Whitehead read the full account of the case, he would have seen that his statement that "there is nothing said about the speech" was incorrect, and that passage quoted in my report ("L'enfant parle beaucoup plus distinctement," &c.) was not an invention of mine, as his letter would almost suggest. It occurs in the "Contributions à la Chirurgie," vol. ii., page 667.

The prejudice which I attributed to Dr. Whitehead was a prejudice in favour of a particular operation, likely to induce inaccuracy in his analysis of the recorded operations for cleft palate, and I am at a loss to know how he can have supposed that I attributed to him a dislike to Dr. Sédillot or to the French nation generally. This prejudice I conceived appeared in the passage which I quoted, and I conceive so still; for I do not think that Dr. Whitehead intentionally stated that Sédillot's only object in performing the operation in question was to disprove a particular theory.

I apologise to Dr. Whitehead for having misapplied the passage relating to the condition of speech in his own case, which gives an over-favourable account of the result, and also for a printer's error, which makes the word "operator" read "operation," and which escaped notice, as it does not affect the sense materially.

I am, Sir, yours respectfully,
Dublin, October 18th, 1869. EDW. H. BENNETT, M.D.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Maunder; Dr. Aldis; Dr. Ogle; Dr. Marcet; Dr. Richardson; Dr. Lory Marsh; Dr. Skeggs; Rev. E. Wyatt, Edsell; Mr. Jepson; Mr. Parker; Mr. Day; Dr. Sumpter, Cley-next-the-Sea; Mr. Garman; Mr. Arthur, Cloughton; Mr. Bewley; Dr. Letheby; Mr. Raven; Dr. Blackburn, Barnsley; Dr. Ware; Dr. Woodcock, Manchester; Mr. Robertson, Edinburgh; Mr. Horn, Dalton-in-Furness; Mr. Bird, York; Dr. Blades; Dr. Fussell, Brighton; Dr. Gaye; Mr. Cooper, Cromer; Mr. Allder; Mr. G. Fry; Dr. Meeres, Melksham; Mrs. Newt; Mr. Flack; Mr. Vinrace; Mr. Burr; Mr. Mayhew; Dr. Garrett; Dr. Easton; Dr. Phillips; Mr. Johnson; Mr. R. Bevan; Messrs. Oliver and Boyd, Edinburgh; Mr. Hemfrey; Mr. Hinde; Mr. Squire; Dr. Clarke, South Molton; Dr. Williams, Boston, U.S.; Mr. Bennett; Dr. Woodward, Worcester; Mr. de Tatham, Nusseerabad; Dr. Evans, Dublin; Dr. Palfrey; Mrs. Beck; Dr. Mercer, Neuchâtel; Mr. Ricketts; Mr. Wilson; Dr. Heuston, Denton; Mr. Bogg, Louth; Mr. Allen; Mr. Lownds; Dr. Aspinall, Over Darwen; Dr. Pieno, Chelsea; Mr. Walpole; Mr. J. Deane; Dr. Nason, Stratford-on-Avon; Mr. Barber; Mr. W. Sanderson, Manchester; Dr. Wadd; Dr. Herbert, Uttoxeter; Dr. Roden, Llandudno; Dr. Baker, Liverpool; Dr. Fox; Mr. Pe erson; Mr. Hamp; Mr. Davis; Mr. Benson; Mr. Brown, R.N., Lyme Regis; Dr. Moody; Dr. Eddison, Leeds; Mr. Marshall, Eyncefold; Mr. Hemming; Mr. Branson; Mr. Hopkins; Mr. Bothwell; Mr. Begbie; Mr. Williams; Mr. J. Deane; Mr. White; Mr. Heaton; Mr. Laylor; Dr. Ellis; Mr. Lloyd; Mr. R. Macgregor; Mr. Adams; Mr. Littleton, Saltash; Sir J. Y. Simpson, Edinburgh; Mr. Hunter; Mr. Cooke, Stroud; Mr. Jubb, Halifax; Mr. R. Jones; Mr. Jenks; Mr. Lawrence, Weymouth; Mr. Crauford; Mr. W. Walton; Mr. Gornall, Preston; Mr. J. Z. Laurence; Mr. Armistead, Barton; Mr. Schacht, Clifton; Mr. Davis; Dr. Spender, Bath; Dr. Hutchinson, Fort William; Mr. A. R. Verity, Garndiffaith; Mr. Parker; Mr. Stafford; Dr. Marsh, Littlemore; Dr. Elds, Bristol; Mr. James; Mr. Dunforth; Dr. Symonds, Bristol; Mr. Elliott; Mr. Emary; Dr. Bennett, Dublin; Mr. Moore, Petersfield; Mr. R. Clark, Farnham; Mr. Winstanley; Dr. Weir, Malvern; Mr. Percival, Riccall; Inquirens; Anti-Materialist; P. P.; P. J.; Justitia; Fornix; Perplexed; A Lady; Wormwood; E. N.; C. W. M.; Medicus; Enquirer; Cannes; J. W.; Peky; Indignans; Vaccinator; E. N.; H. T.; Horace; Surgeon; C. R.; M.D., Ware; J. R. R.; A Subscriber; Nausea; W. J. R.; J. H.; B. A.; Dubitans; H. B., Manchester; A. W.; Growler; An Old Correspondent; A Creak; &c. &c.

Ashton-under-Lyne News, Scarborough Gazette, Preston Herald, Glasgow Morning Journal, Edinburgh Daily Review, Hardwicke's Science Gossip, South Durham and Cleveland Mercury, Anti-Vaccinator, Leeds Mercury, Brighton Herald, South Durham Herald, Hackney Express, Indian Volunteer Gazette, Essex Standard, Islington Gazette, Greece, Brighton Gazette, and *Western Morning News* have been received.